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ABSTRACT

The book is a collection of 10 essays written by the author on the subject of alternative mental health services for youth and adolescents. Aspects covered include alternative services and the mental health professional, runaways and runaway centers, long-term residences, and the present and future of alternative services. Titles presented include "Coming Together--Consultation With Young People," "The Washington, D.C., Runaway House," "Working With Runaways and Their Families--How the SAJA Community Does It," "Runaways--Changing Perspectives and New Challenges," "The Runaway Center as Community Mental Health Center," "Alternative Group Foster Homes--A New Place for Young People to Live," "The Group Foster Home--An Alternative to Mental Hospitalization for Adolescents," "Youth Helping Youth," "Alternatives in Transition," and "New Roads to Mental Health." (DLS)

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caring for youth

Essays on Alternative Services

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Foreword

More than 4.0 million American teenagers are believed to suffer from chronic problems in coping with their families, their schools, their society, and themselves. Some run from their homes; others withdraw into sullen or defeated isolation while remaining at home. Some escape with drugs or alcohol, while others simply tranquilize themselves with these substances. Many are loosely labelled as "crazy"; some are diagnosed as mentally ill. If they are poor, and particularly if they are poor and belong to a minority group, their behavior will often be classified as delinquent.

Currently we do not have enough mental health professionals to work with these young people and their families. Even if we did, it is unlikely that the majority of them would seek out such professionals. These young people are often unable or unwilling to trust adults assigned (by parent, school, or clinic) to "treat" them. Such treatment is associated with being labelled mentally ill—a label they reject. Time to work things out for themselves is needed—time combined with the support of sympathetic peers as well as the guidance of older people who understand the confusion felt and respect the young person's right to find his or her own way.

It is in direct response to the above realities that Dr. James Gordon works and writes. In his Introduction, he sketches his own metamorphosis, a professional odyssey from traditional to alternative services. The essays that follow portray the spirit and substance of the new services—hotlines, runaway houses, drop-in centers, and group homes—and the philosophy of care they embody. Again and again, Dr. Gordon encourages us to listen more closely to youth in need and to create services that respond more directly to those expressed needs. His message is clear: We must fundamentally reevaluate the nature of the way in which we care for our youth (thus, the double meaning of the book's title).

A thought-provoking and responsible book, *Caring for Youth* should be read by all who are interested in working with young people and their families. Most particularly, mental health professionals should read this book. Mental health and medical services are rapidly evolving. One can only facilitate and participate in that evolution by accepting its existence and seriously examining new (alternative) approaches to care.

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Table of Contents

	Page
Introduction	1
Alternative Services and the Mental Health Professional	5
Coming Together: Consultation With Young People	7
Runways and Runway Centers	29
The Washington, D.C., Runaway House	31
Working With Runaways and Their Families: How the SAJA Community Does It	46
Runaways: Changing Perspectives and New Challenges	66
The Runaway Center as Community Mental Health Center	70
Long-term Residences	81
Alternative Group Foster Homes: A New Place for Young People to Live	83
The Group Foster Home: An Alternative to Mental Hospitalization for Adolescents	103
Alternative Services—Present and Future	115
Youth Helping Youth	117
Alternatives in Transition	126
New Roads to Mental Health	135

introduction

My first contact with alternative services was in 1967 during San Francisco's "summer of love." Once or twice a week I worked as a volunteer physician at the Haight Ashbury free medical clinic. Each evening dozens of young people came to the clinic to be given penicillin for the V.D. they knew they had, to have their bellies felt for the appendicitis they feared, or to be told that their sore throat was indeed better. They stayed to talk about themselves, their life in the Haight, and the homes they had left. Out on the street there was adventure—new highs and new friends—but also, for many of them, loneliness, uncertainty, and memories of a past that still, sometimes, troubled them. In the clinic they found a safe place, the care they needed, and people who did not judge the way they thought and acted.

A number of those young people returned to the clinic, as volunteers, to be helpful to other street people—and to me. Emergency room supervisors told my fellow interns and me to prescribe intramuscular Thorazine for bad drug trips. In the softly lit, mattress-filled backroom of the free clinic these other volunteers helped teach me to talk bad trips to good, to explore the complexity and beauty rather than suppress the horrors of the young trippers' hallucinations, to check out my own vibes before commenting on their feelings. I learned that acid trips were akin to psychotic episodes and that the outcome of both could be profoundly influenced by the attitude of the people who treated them and the setting in which they took place. A few hours or a day in the backroom of the clinic seemed to make the difference between weeks of drug treatment on a hospital ward and an easy, rapid, and tranquilizer-free return to one's life.

I began my psychiatric training the next summer and spent most of my time with people who were labeled "schizophrenic." I learned I could understand words and behavior that were considered autistic or impenetrable and that people's madness often made sense in the context of their family and their social and economic situation. Paying close attention to what my patients said and did, drawing on the work of Harry Stack Sullivan, Frieda Fromm-Reichmann, and R. D. Laing, remembering my experience in the free clinic, I began to conceive of schizophrenia—and indeed mental illness in general—as an experience rather than a disease, a process during which a person needs to be sustained, rather than a set of symptoms requiring suppression.

When I became a chief resident and ward administrator, I wanted to create an environment in which "schizophrenic" patients could experience what Laing called "the natural healing process" of madness, and a place where staff members could learn from, and "guide and guard," them. I tried to create a place where difference, including psychotic behavior and thought, was not stigmatized as deviance; where each person's right to choose—to come or go, to take or not take psychotropic drugs—was respected; where decisions were made communally rather than hierarchically. Often, and sometimes to my amazement, the structure and content of our patients' psychoses—the way they acted and thought—began to change. In a situation where honesty was emphasized and authority demystified, long-standing paranoid delusions began to dissolve. Rigid and frightened people who had been told they would always have to take tranquilizers stopped their medication, spoke their minds, and felt "better." Apparently helpless and hopeless schizophrenics were able, given the opportunity, to be each other's best therapists.

In 1971 I finished my psychiatric residency and began to work at the Mental Health Study Center, the National Institute of Mental Health's laboratory in community mental health. My time in the hospital had shown me some of the limits to reforming institutional practice. Now I was eager to share the skills and the perspective that my psychiatric training had given me with people who wanted to change. I was eager to meet the needs of those who came for help in a setting where rules and roles could conform to human needs, rather than to bureaucratic imperatives.

I began to look at the ways that others, particularly nonprofessionals, had worked with troubled and troubling people outside of conventional institutions. I read about Gheel, the Belgian town that is itself a therapeutic community, and about the settlement house movement of the 19th century and its emphasis on meeting people's concrete needs for food, shelter, and child care. I reread August Aichhorn's classic account of therapy with delinquent youth and spoke with friends who had worked in the "houses of hospitality" that the Catholic Worker sponsors. I remembered the sense of common purpose and community that pervaded the Haight-Ashbury clinic, the therapeutic atmosphere created by people who were not bound by the dogma or cant of therapy. And I began to look for similar kinds of services, near my office, in Prince George's County, Maryland, and Washington, D.C.

I found runaway houses, group foster homes, hotlines, and crisis intervention centers—places where young people who rarely felt comfortable elsewhere could find shelter, food, affection, respect, and the kind of direct but sympathetic counseling that older sisters and brothers might offer younger ones. Staffed and run largely by nonprofessionals, these programs survived on begged or borrowed money and the enthusiasm of counselors who worked free or for subsistence wages. When I came to visit, the young people and their counselors welcomed me as a potential friend and ally; when I stayed to help, they shared their work and themselves with me.

The essays in this volume record some of what I have learned over the last 6 years from and with the young people, their families, and their counselors. They can be read as program descriptions, case studies, and progress notes. They reveal a number of changes in my own perspective, as well as my continuing conviction that alternative services have much to offer—as paradigms of respectful and flexible services for young people and their families; as training grounds for mental health workers, as models for community mental health centers; and as working and living communities for young, and not so young, people.

Some of the essays are grouped according to the kind of services described—runaway houses or group foster homes; others—on "Consultation," "Youth Helping Youth," "Alternatives in Transition," and "New Roads to Mental Health"—stand alone. I have excised several repetitive passages and rearranged a few pieces of background information, but have not otherwise changed the wording of any of the papers. Most of these essays have been published in professional journals, but they are, so far as I have been able to make them, free of jargon. I hope they will be useful as well.

alternative services and the mental health professional

"Coming Together" was my first essay on alternative services. It was meant to be a primer and a guide for mental health professionals who might want to work in or with alternative services and for alternative service workers who might want to use professionals as consultants. To my pleasure it has proved to be useful to alternative service workers and professionals who are trying to understand the roots and possible directions of their work. "Coming Together" was originally published in Social Policy *in the July/ August issue. It is reproduced here with permission.*

coming together:
Consultation with Young People

For the last two years I have served as a consultant to groups that provide what may be called "alternative social services" for young people; a hotline for youth, two group foster homes for adolescents, a runway house, a free high school. Here I want to share some of my experiences, as examples of how one person trained as a psychiatrist has worked with new kinds of social service workers and the young people they serve.

This account of my involvement is part of the larger story of alternative services. And it, in turn, may be seen as a chapter in the history of the way our society has viewed and dealt with its young. I will begin by presenting a historical perspective which I and many of the people I work with have found to be helpful in understanding our work. Afterwards I will present a brief sketch of two of the alternative service projects I have worked with. Then I will proceed to an actual description of my work as a consultant to these two projects.

A HISTORICAL PERSPECTIVE

A hundred years ago a person of 13 or 14 years old was well on his or her way to adulthood.[1] Already a worker in field or factory, an apprentice or scholar, a young man was accorded the dignity and perquisites of an adult; young women—relegated to second-class citizenship—were educated by mother and aunts and grandmothers to serve their future husbands and children. If a young person chafed against the oppressiveness or restrictions of home, he or she could seek solace or advice from an older member of the extended family or from some adult in the community who was known to be sympathetic. If the situation became intolerable, or the lure of distant places too strong, the young person could leave.

In nineteenth-century America a boy or girl could, like Huck Finn, "light out for the territory"; or else he or she could begin life in another town or city. There, according to temperament, skill, and luck, a young person could make his own way, find support from his elders, or be exploited by white slavers, cruel masters, or oppressive factories.

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[1] See Bremner, 1970-71, and Handlin and Handlin 1971.

Only toward the end of the nineteenth and the beginning of the twentieth centuries did adolescence come to be regarded as a separate stage in a young American's life, a time of biological maturity and social immaturity. Three changes in the legal structure—as much the consequences of industrial development and its economic necessities as of humanitarian concern—signified and reinforced this change in attitude; the passage of laws prohibiting child labor, enforcing compulsory education, and creating a separate juvenile justice system.[2]

Compared to the losses in social status, the gains for adolescents in humanitarian treatment were negligible. Economic considerations remained pre-eminent in determining whether labor and education laws were enforced: factories which had already found child labor to be inefficient were content not to employ young people; but parents who depended for their economic survival on their children's labor could hardly afford to heed either child labor or compulsory education laws. Young people who were confined in juvenile institutions were no longer exposed to "hardened adult criminals," but in return they forfeited virtually all of their rights: not only could they be confined without a jury trial but they could be convicted of a whole new class of "crimes" including "stubbornness," "truancy," and "running away." Behavior that was tolerated or criticized in adults, and had once been tolerated similarly in young people, became subject to legal as well as social scrutiny and constraints.

The new sciences of psychology and psychiatry developed and over the years amplified a perspective on adolescence which justified this intrusive and patronizing treatment. Dating from Stanley Hall's 1904 text on *Adolescence* to present-day psychoanalytic papers and popular magazine articles on how to get along with your teenager, adolescence in America has been regarded as a time of turmoil and psychopathology, and adolescents themselves have been seen as "difficult" or "troubled." Ignoring anthropological data positing different ways of being in those years (such as those accumulated by Margaret Mead in Samoa and New Guinea), many writers on adolescence have made the effect (the difficulty of being a young person in twentieth-century America) into the cause (adolescence is a time of great stress).

It was assumed that adolescents, like mental patients, Blacks and women did not know what was good for them. Adults, and increasingly those who had degrees certifying their expertise in the "problems of adolescence," were to tell them. In the chambers of judges, in the offices of guidance counselors, social workers, and psychiatrists, adolescents who were at odds with family or school or community were labeled "sick" or "delinquent" or "deficient"—in any case, "problems."

These difficulties of adolescents were compounded by rapid social and economic change. The casual oppressiveness of a society rapidly expanding

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[2]See Bakan, 1971.

toward its geographic and economic limits was supplanted by the oppressive concern of a society which demanded ever-greater degrees of technical specialization and higher levels of consumption. Young people were asked to set aside more and more years to prepare for a life of work which was increasingly removed from their experience at home or at school.

At the same time, the increasing mobility of nuclear families and the resulting breakdown of the extended family and multigenerational community made it harder and harder for young people to understand and participate in the history and traditions from which their parents' beliefs and style of life seemed to emanate. Often there were no adults to talk to—no aunts or grandparents, no ministers or policemen known since birth and trusted—except for the very parents who participated in the conflict. Cut off from the past, isolated from their parents' lives as adults, and dubious about their own future, adolescents turned more and more to one another for comfort and support.

In contrast, their parents turned increasingly to professionals, especially to professionals who could help them figure out what exactly was going on with their children. Parents might expect a sympathetic reception from these experts, but their children rarely did. To go to see one of *them*—a guidance counselor, minister, social worker, doctor, or policeman—was, by definition, an admission of sickness or guilt; often it meant forfeiting the integrity of one's own experience or point of view to a perspective grounded in psychopathology and criminology. As if that were not bad enough, adult professionals shared the power of parents as well as their point of view: the guidance counselor was paid by the school and might report to the principal; the policeman could jail you for running away or using drugs; the psychiatrist, silent, forbidding, could label you "crazy" and lock you up; and the social worker who spoke demeaningly of "acting out" or "poor impulse control" could remove you from your home.

In the late 1950s Black people in America began to demand their civil rights and also began to insist that the larger society treat them with respect. In the wake of the civil rights movement and of the third-world struggles which nourished and were fed by it, other oppressed groups including women, ethnic minorities, mental patients, and old people became more assertive and demanding. Young people too became conscious of themselves as a social entity and a political force. Since their shared isolation from the concerns and lives of adults had made them cling less tightly to the dominant values of the American society, it was easy for many of them to see in the powerlessness and anger of American Blacks a reflection of their own situation.

The palpable contradictions between the American ideals of truthfulness, peace, democracy, and self-determination, and the American actions in the Indochina war drove a deeper wedge between young people and their parents. Revulsion at the televised slaughter—and in some young people an unsuppressible fear that the murderousness vented on the Vietnamese might even-

tually be directed toward them—was the first step toward the rejection of the moralism and materialism which seemed to sustain it.

The youth culture that evolved in the mid-1960s was at once counter or alternative to the dominant adult culture and a parody of its worst fears about its young people. Calling themselves brothers and sisters, large numbers of young people drew on a common store of democratic ideals and utopian hopes. They rejected—verbally and often through action—war, racism, materialism, privatism, competitiveness, hypocrisy and fastidiousness. And in so doing they seemed to confirm their parents' and society's suspicions that adolescents were lazy, sex- and dope-crazed, unrealistic, dangerous and delinquent; they were "hippies" or "radicals" or both.

Young people gathered in urban neighborhoods and college communities: Haight-Ashbury in San Francisco, the East Village in New York City, Dupont Circle in Washington, D.C.; Ann Arbor, Madison, and Cambridge. There they evolved new styles of dress and music, politics and art, interpersonal relations and intoxication—amalgams of past and present, of technological innovation, economic necessity, and imaginative fantasy. They found heroes and heroines of their own, revolutionaries and rock musicians, and revolutionaries who were rock musicians.

Building on the interests and talents of members of each community, local groups formed to provide a network of human services. In San Francisco, the Diggers, borrowing their name from the English egalitarians of the sixteenth century, improvised daily bread and soup for thousands of Haight-Ashbury residents; Switchboard directed telephone callers to crash pads, free clothes, and legal services; the Haight-Ashbury Free Clinic, staffed by street people and local physicians, dealt with the ailments of a young and transient population that experimented with its limits of physical and mental endurance; and church-sponsored Huckleberry House took in those young people who wanted the security that the street did not offer.

In contrast to the doctors, social workers, schools, and hospitals of the larger society, these counterinstitutions and those who worked in them were responsive to and respectful of young people and of their right to independence and experimentation. A girl who wanted to ride to Colorado was not lectured to about the dangers of hitchhiking; a boy who had run away from his parents was not forced to return home or harangued about his "future." Young people with venereal diseases were treated without smirks or moralism, and those on bum trips were gentled down in quiet rooms, not jabbed with mind-numbing doses of tranquilizers.

Even more important, the barriers between helper and helped were breached and often discarded. The boy who last night was bummed-out on acid might help talk someone else down the next day. The kids who received free food from the Diggers donated their extra clothes. The doctor who prescribed an antibiotic might learn about an equally effective herbal tea from his patient. For many young people these counterculture service groups provided an opportunity—sometimes the first they had ever had—to be

humanly useful to others; for some professionals, young and old, they provided a new kind of working experience relatively free from the posturings and strictures of professional roles.

Over the last five years many of the service groups formed in response to a sudden influx of young people have simply disappeared. But many others have grown and changed with the times, expanding their services to deal with new needs, developing new structures, integrating themselves more completely with a community which they are helping to build. A runaway house with which I have worked was founded five years ago to provide a safe living space and an opportunity for reflection for young people who migrated in search of action or in flight from parents to the city's hip community. A year later, some of its staff members opened group foster homes to provide more permanent places for those young people who could or would not go home; and others started the free school, a new kind of educational setting where high school students—those who stayed at home as well as those who ran—could learn and be, without being regimented or infantilized.

In the last two or three years young people in the suburbs and older people sympathetic to their situation have set up similar projects. Responding to the blandness and isolation of subdivisions and to the anonymity of large schools, young people and their older allies have opened drop-in centers, crisis counseling services, coffee houses, and suburban runaway houses. Towns and counties in every state have developed their own hotlines, telephone answering services which link lonely young people to other young people who can tell them, in their own language, about birth control, abortion or drugs; to peers who can hear their needs and urges without judging them.

Workers in all of these projects have in common some understanding of the insensitivity and inadequacy of traditional social services for young people. They feel that they can be helpful to others without having professional degrees or certification, and believe that people, even troubled and confused young people, can run their own lives and make their own decisions. They share the desire to make the world—and in particular, their corner of it—a better place, as well as the conviction that such change is shaped by and inseparable from the way people treat one another. In projects run by the people who work in them, they hope to create humane and humanly manageable alternatives to the institutions and services that have constrained and labeled them and their younger brothers and sisters.

TWO ALTERNATIVE SERVICE PROJECTS

There are differences, however, among the various projects. The kind of neighborhood they are in, the source of funding, the age, background, experience, interests, and ideology of the staff and those whom they serve—all of these shape each project. For the account of consultation that follows, I will discuss two projects which are at different places on the alternative

service spectrum in terms of neighborhood, age of workers, structure of organization, and type of service: a hotline for youth and a group foster home.

Many of the phone aides who work on the suburban hotline live at home in white, middle- and lower-middleclass neighborhoods. They are generally in their late teens and early twenties and attend, or are temporarily on leave from, local high schools and colleges. They operate a 24-hour-a-day telephone answering service which deals mostly with teenagers and provides everything from casual conversation to legal and medical referrals to counseling in crisis situations. Twelve to 15 paid staff receive $2 an hour to work on and supervise two eight-hour phone shifts a week; in addition they generally put in extra volunteer time in organizational activity and on committees. Sixty volunteers also work on the phones under paid staff supervision; each contributes at least four hours a week. The hotline's coordinator has a master's degree in social work and is paid by the county Mental Health Association which is nominally in charge of all the hotline's activities.

The group foster home is located in a "hip" white enclave in a larger, mostly Black, urban neighborhood. The workers or counselors in the home are in their mid- to late twenties. They try to live collectively with five or six teenagers who have left or have been forced out of their parental homes; these young people have all been classified as "psychotic" and/or "delinquent" and/or "in need of supervision." The workers receive $50 plus room and board for a week during which they are to be available for five days, 24 hours a day. The home is one member of a group of alternative service projects—including a runaway house, another group foster home, a job cooperative, and a free high school—which attempt to function as a collective, sharing economic resources and decision making.

THE CONSULTANT

A mental health professional who works as a consultant to young people on their projects must understand not only where they "come from" and what their ideals, needs, aspirations and expectations are, but what he or she is about. The professional training that "qualifies" a person to comment authoritatively on unconscious meaning or group process guarantees neither acceptance nor usefulness in alternative service projects. If the professional does not share many of the values of the people with whom he is consulting, if he does not respect what they are trying to do, if he is not open to engaging them on their terms, then all his knowledge is worse than useless: observations, interpretations, open-ended questions—all become weapons in the arsenal of an unwanted and destructive interloper.

If the consultant thinks of the young workers merely as "kids" and their work as "nice but not professional," then he is being both ignorant and condescending. Alternative services have arisen precisely because our communities and the helpers in them have not served these young people. The

concerns and biases of teachers as well as psychiatrists, parents as well as police, have prevented them from being helpful to large numbers of young people. The condescension of the consultant, silent or spoken, simply perpetuates and confirms the previous experience of the workers and the young people who seek their help. The consultant must always remember that the services are alternative and that they belong to the people who live and work in them.

I believe that it has been possible for me to be useful to alternative social service workers because I recognize along with them the impoverishment of traditional services; because I sense that alternative services which are controlled by the people who work in them, not by a bureaucratic or professional hierarchy, offer a new and better way for people, including professionally trained people like myself, to help and work and simply be with one another.

Since my work is subsidized by a salary that I receive from the U.S. Public Health Service, I need not ask for money from the groups that I work with. This is a mixed blessing. Though financial security could conceivably make me less sensitive to the rigors of working in an alternative service project, it has the great advantage of allowing me to spend time with people whose work I respect rather than those who can pay. I have some distance, not only from the day-to-day hassles that arise out of full-time work in one project but also from the chronically stressful struggle for financial survival.

My experience as a therapist and as a mental hospital ward administrator and my personal psychoanalysis have all been valuable in my work as a consultant. From my own therapy I have learned to be sensitive to my reactions to what is happening around me, at once observant and self-critical. My psychiatric training, and, in particular, the time I spent as a ward administrator, makes it easier for me to move from one frame of comprehension to another: from an empathic understanding of an individual's words to an evaluation of their communicative effect in a group to an estimation of the influence of that person's previous experience on his point of view. And, not least, I can feel moderately confident about the limitations of specifically therapeutic ideologies and approaches. With the young people who have often enough been victimized or insulted by therapists' techniques and institutional coercion, I know that "introspection," "encountering," and analyses of "group dynamics," as well as a variety of psychiatric "treatments" can all be used to obfuscate and maintain inequities of power, privilege, or economics which ought to be redressed.

FIRST MEETINGS

People have generally contacted me—a young psychiatrist with free time, published writings on "madness,"[3] and something of a reputation as a "rad-

[3]See Gordon 1971, 1972, 1973*a*, 1973*b*.

ical therapist"—to help them with what they believe to be psychiatric problems. This has meant most often that people in an alternative service project have felt that one of their group or one of the "kids" they work with was acting "crazy." At other times a group as a whole has decided it needs perspective on an apparently irreconcilable conflict; and occasionally one or more members have felt that their group needs supervision or instruction or information about adolescence or "mental illness" to help it do its work better.

In general I have been contacted first by a person in a position of power and authority: the coordinator of the hotline, the director of the runaway house, the most active of the counselors in a group foster home. Sometimes the situation is viewed as a crisis, sometimes not; but always, in contacting me the group is opening itself to an outsider, confessing to a need, soliciting the services of a member of a powerful profession of which there is great distrust.

The way I respond to an initial request for help begins to shape my relationship to the alternative service group. If, in a psychiatric clinic, one simply listens to an individual patient's account of his difficulties, one may proceed very differently than if one insists on seeing him with his wife and children, and differently still, if one visits him in his home, gets acquainted with his children, and meets his close friends. Similarly, in the case of my consultation with groups, what I find out and deal with differs depending on where I choose to consult from and with whom.

In general my approach is ecological and political. Almost always I first meet with my caller on his or her turf. I want to understand the entire situation—of which the caller and the problem are but a part—and to begin from the beginning to see the project's neighborhood and feel its physical dimensions and constraints. At the same time I want to affirm—at a time when discouragement or anxiety may have led the workers to question themselves and their purpose—that I am committed to seeking a solution which conforms with the spirit of their project.

I want my perspective to come not only from the person who called me in but from all the people who participate in a project. I want to make it clear from the beginning of my work with them that I am not the agent of a powerful clique or a leader or a counselor but am responsive to the entire group. In so doing I am helping to recall the egalitarian ideals which animated the project's formation and which may have been eroded by recent stress or chronic pressure. I want to understand and help them understand the problem in the context of their goals as an alternative service, not as a psychiatric disorder or a deficiency of technical knowledge or a matter of adjustment to a cultural norm with which they disagree. Here are two examples of "presenting problems" and my response to them.

The Hotline

The founder and coordinator of the year-old suburban hotline for youth, a 35-year-old social worker named Alice, asks me to consult with the young

people who answer the phones. She tells me that in recent weeks increasing numbers of phone aides have spoken to her about their difficulties with callers: one aide is troubled by a youth who masturbates while he talks to her; another is skeptical of his abilities to deal with a suicidal caller; another is upset when someone "talks crazy." The coordinator wonders if I could give some basic lectures on psychopathology and psychiatric diagnosis.

We talk for several hours about the ongoing operation of the hotline, about her desire to galvanize and educate the community to respect their children's autonomy, about the stuffiness of traditional agencies and their insensitivity to the problems young people feel. We can hear the muffled rings of the phones in the next room. Occasionally a phone aide barges into her office, excuses himself, asks questions, and ducks out again.

I learn that the coordinator is terribly overworked, that she serves as unofficial confidante and therapist as well as coordinator and supervisor, that all of the details of administration—scheduling, training, publicity, and community education—must be attended to by her. She is fond of the young phone aides, feels that they are bright and sensitive, but hesitates to turn over much of the administrative responsibility to them, thinking, "Sometimes they seem so irresponsible and bewildered; and, besides, what would the Mental Health Association [which sponsors the hotline] say?"

I suggest to Alice that neither of us really knows the best way, if indeed there is any way at all, for the hotline to use my skills, and that the only way to find out is to ask the people who do the work. I suggest that I take some time to get to know how the hotline functions, to read their descriptions of training and sit around with the young people while they answer the phones. At the next monthly training meeting, with the paid phone aides, the volunteer aides, and various professional advisers present, we will talk about me and my interests and skills and let those present ask questions and speak with one another about my possible usefulness.

The Group Foster Home

Several times in the course of getting acquainted with alternative services in an urban neighborhood, 17-year-old Tom is mentioned to me. He lives in a group foster home for adolescents where six teenagers stay with two counselors until they are 18. He is, according to the counselors in the runaway house and the teachers at the free high school, "crazy" and "dangerous." They tell me that the counselors in the group foster home are at their wit's end and are prepared to commit Tom to a mental hospital. They wonder aloud if I can be of help. Could I do some kind of intensive therapy with Tom? Is there a place where he could go which is less repressive and more pleasant than a traditional mental hospital?

When Fred and Ann, the group foster home counselors, get in touch with me, I arrange to visit them. In their late twenties, dressed in dungarees and T-shirts, they lean forward from a thrift-shop sofa to detail their difficulties

with Tom. For his first eight months in the house Tom was shy and tractable, eager for, but wary of, affection from his counselors. In the last few months he has begun to act increasingly strange. He accuses Fred and Ann of not caring for him and of wanting to destroy him. He spends long periods of time alone in his room, screaming at unseen tormentors. He refuses to discuss his work in school or to participate in communal tasks such as dishwashing and house cleaning. When questioned, he becomes enraged and abusive; on several occasions he has pushed and punched both counselors and the young residents. He says he trusts no one in the house and resists any attempt to "help" him.

Afterwards I ask Fred and Ann about themselves and the house. He is a former seminarian, an army veteran of 29. She is 26, taught high school, and worked at the runway house before she came to the group foster home. Both have been politically active as campaign workers for liberal politicians and as participants in the recent May Day demonstrations. To them the house is a place where they try to live and work with young people in an open and noncoercive fashion. At the house things are not always easy. Sometimes they know that they are more "authoritarian" than they want to be. But they wonder how else the house will stay even minimally clean, and whether some of the kids wouldn't be content to watch television all day.

But Tom is really most on their minds. They cannot say more than half a dozen sentences without returning to some new piece of destructive or incomprehensible behavior. Just recently he has begun to come into Ann's room late at night to grab her and then swear at her when she tells him to leave. She and Fred are scared and baffled, afraid that he might hurt them physically or that they, in their efforts to be helpful, might unknowingly be destructive. The other residents, they tell me, are fed up as well as scared; they want Tom out. Would I see him in therapy or prescribe medicine to calm him? Do I know, they wonder, of another place for him to live?

I tell Ann and Fred that I would like to see and understand Tom as a member of their home, not as a psychologically ill individual. Perhaps their perspective on him is only one among many ways of understanding what is going on. They have lived together for many months. Perhaps Tom's behavior is best understood in the context of his relationships to those around him. The best way for me to understand what is going on is to see them all together—the two counselors and the six teenage residents. I suggest, if everyone in the house approves my coming and knows why I've been asked, that I come to their weekly house meeting.

THE WORK OF CONSULTING

Consultation is a dialectical process. As a consultant, my work includes participating in the process and understanding it. Though there are certain commonalities of attitudes and ideologies in alternative service projects, each situation is a new world. And though my own perspective is limited, I, too,

am different in each situation. My actions, observations, questions, and interpretations change the situation into which I have been called. The changed situation is reflected in and expressed by changes in the individuals in the group, in their relationships with one another, in the work of the larger group to which they belong, and in the relationships between all of these and me.

This dialectic is personal. Like the workers in the projects, I do not believe that people should be constrained by rigid, socially defined roles; and so, like them, I try to be open to putting and understanding myself in new situations. Over two years I have grown closer to the people I have worked with. I have become more friendly, available, receptive, and have participated in ways I would not have imagined. These informal acts seem to arise naturally from my consultation with alternative social service groups and to complement and enrich it.

When they are going through crises, I feel comfortable listening to individual young people, taking a walk with them, sharing my perceptions and feelings. If someone wants psychotherapy, I will help find him a therapist; if he needs a recommendation for a job, I will write one. If a group foster home resident has just moved out on her own, I may visit her in her new apartment, bringing with me a housewarming gift. If people are celebrating, I will eat and drink and party with them at their homes or at mine. The longer I work with these young people, the more we become important parts of each other's worlds. Here is a brief summary of some of the major changes that have taken place in my two years of consultative work.

The Hotline

The meeting with the entire staff of the hotline spawned a planning meeting with 20 members. The phone aides decided that they would like me to be part of a group where they could talk about "whatever we feel like: problems with troublesome callers, difficulties at work, personal problems, psychological theory, whatever."

This group consisted of a dozen of the most active phone aides, half of them paid, half volunteers, all in their late teens or early twenties. For nine months, we met once a week for two hours. I was an increasingly involved but almost wholly nondirective presence. At times our discussions focused on the relationship of members in the group: whether membership should be open or closed; how one or another person dominated or retreated from the discussion; one person's expression of feelings for another. At times they dealt with individual problems: one person's difficulties with her parents; another's impending abortion; a third's preoccupation with acid flashbacks. And at others they dealt with work-related problems: how to handle someone who is suicidal; frustration with callers who will not accept help or advice; the difficulties of going to school, holding a second job, and working at the hotline.

Gradually a feeling of closeness developed, an ease with being vulnerable in the group, and a confidence that problems could be worked out with the help of the other members. Each of the phone aides learned that the others were equally concerned about appearing to be competent and "together" phone aides; and each discovered that the others also vacillated between suspicion that they were "just as messed up as the callers" and a conviction that their problems were trivial compared to those of the people who called. They shared common problems of growing up and away from their parents and provided support for each other's efforts. They tried among themselves to sort out dissatisfactions with school from anxieties about it, and debated at length and in different contexts the relative advantages of and relationships between political and personal change.

Slowly the group began to exercise more influence on the hotline. Occasionally a phone aide who was not a member would come to discuss a pressing problem with us. More often it was the style and substance of group discussions which affected the rest of the hotline. Having discovered that all the group members sometimes grew anxious on the phone, the aides could be more supportive of others who worked with them on their shifts. Feeling more comfortable about talking over their problem calls with me, they could make better use of another psychiatrist who consulted with them. Accustomed to scrutinizing the power relationships in the group, they could now examine those in the hotline as a whole: if they could deal with a sometimes overwhelming member of the group, then they could begin to deal with him and with others who became overwhelming in administrative meetings. One of the group members summed up the effect: "Hotline," he said, "is supposed to be about communication and sharing. It happens in this group, so maybe we can make it happen on the phones and on our committees."

After five months the 15 paid staff asked me to come as a facilitator to their monthly meetings with the coordinator and the executive director of the Mental Health Association. The phone aides wanted more responsibility and more active participation in making the decisions and setting the policy which governed their work. They thought I might help them assume this power and exercise it fairly.

I entered this new group—the paid staff members—trusted by six of the members who were in the previous group and with goodwill from most of those who had not been. From the beginning I felt comfortable taking a more active role than I had previously. Over the four or five months of "the group," I had discovered an ability to be frank with the phone aides. I also had a sense of the kinds of things that troubled them, and had experienced their capacity for understanding and change and mutual supportiveness.

When, in the first meeting, some of the paid staff spoke irritably of difficulties with new volunteers, absenteeism, and lack of enthusiasm, I asked them if they had asked the volunteers why they were dissatisfied. And when they said they hadn't, I asked about their failure to do so. Quickly they began

to question themselves: What was a hotline about anyway? How did they expect to be useful to the callers, to help them deal openly with their problems, if they, the paid staff, didn't deal with theirs? Hotline was about communicating with and helping people to look at what was troubling them, and helping them to act on that knowledge. Maybe, like the callers, they were scared to confront other people's criticisms. But they had to if they wanted to improve their service. And they couldn't improve their service if they weren't more open with each other.

At this point one of the newer phone aides described her difficulties in first coming to hotline: the anxiety of training and the feeling that the more experienced staff, and especially the paid phone aides, were exclusive, cliquish, and condescending. Having listened carefully, other people shared their own memories of first coming to hotline.

Then the group began to discuss concrete ways of making the experience at hotline more educational and less threatening. They began to consider reforming the hiring and training procedures as well as ways of dealing interpersonally with their self-protective cliquishness. Later that day and during the following meetings, the paid staff began to question its role.

During the next two meetings the impatience of one staff member with another's work led to a general discussion of the difficulties the whole paid staff had in getting and receiving constructive criticism from one another. Hesitantly each phone aide talked about his work, the difficulties that he experienced with it, and the help that he would like from the others.

At the following meeting the discussion was widened to include the structure of the hotline as a whole. Alice confessed that she was reluctant to give up certain kinds of responsibility even though she would like to. The paid staff in turn said that she ought to give some up. She could not deal with all the work, and beyond that, hotline was "about sharing responsibility." Just as they had to listen to and give responsibility to their volunteers, so Alice had to hear and to yield responsibility to them. Alice agreed.

With this shared insight as a basis, over the next year the staff changed virtually every aspect of hotline. The young paid staff took over the chairmanships of all the committees from professional volunteers (psychologists, psychiatrists, social workers). They reformed the selection procedure and made it conform more to the expressed needs of the new volunteers, mixing introspective and supportive sessions with didactic discussions about drugs, sex, and community resources. Instead of appearing occasionally and resentfully at professionals' lectures on "psychiatric problems," the phone aides themselves organized workshops on the problems they perceived. They took part in a massive program of community education and initiated a crisis-oriented outreach program in response to both the callers' needs and to their sense of their own expanding skills.

Gradually the paid staff meetings came to be of central importance to the functioning of the hotline. They provided a source of support and criticism for highly motivated workers, an arena for discussion of hotline problems,

and an opportunity to make major policy decisions. In these early sessions and in the ones that followed, I tried to point out the interconnectedness of personal change and group difficulties with organizational structure and economic and political realities. I worked to keep a perspective on all of their perspectives and as I did so tried to provide an example to the phone aides of this kind of understanding. I tried to help the aides translate individual feelings into group action; to understand the effects of group and social forces on their feelings; to appreciate the immediacy of their relationships in the group and to investigate them as reflective of more widespread hotline situations. One phone aide's anxious hustling for more paid hours might reflect a lack of consideration for his fellow workers, but it was also responsive to the low hourly wages. Smoking dope in the office was perhaps a form of "acting out" against the association which permitted the hotline to use its facilities, but it was also the gesture of young people who were furious at their elders' condescension. An experienced phone aide's sudden temptation to tell the police about a troublesome caller raised an intrinsically important issue, but it also reflected his anxiety about his departure from the hotline and his somewhat insulting fear that chaos would follow.

The Group Foster Home

By the time the first house meeting at the group foster home was half over, Tom and Ann were at it: Ann gently, patiently, explaining and inquiring; Tom, shouting, swearing, demanding. Ann had simply wanted to know what subjects Tom was taking at the free high school, and Tom replied that "it's none of your ––––– business." When Ann said she was "interested" in him and "cared" about him, he began to shout and swear at her, accusing her of "lying" and "working me over." When she asked for specific examples of "working him over," Tom maintained that this request for specifics was just one more example of "what you are doing to me," He insisted that Ann hated him. The more vehemently she, Fred, and the other teenagers denied this—"how about the time she sat up all night with you or took you on a camping trip," etc.—the more incoherently furious Tom became. "You're crazy," his friend David said to him in conclusion. "You belong in a hospital."

I sit in a straight-backed chair against the radiator, uncomfortable, unsure. I am trying to understand what I see and hear, to look at the situation as a whole, to piece together Fred and Ann's obvious concern, Tom's resentment, David's anger, and the silence of Ellen, Liz, and Ed—the other young people who live in the house. At the end of an hour David and Ed have left. Half an hour later the meeting ends. Tom is rigid, Fred is hoarse, and Ann's eyes are red; Ellen and Liz seemed bored. I say that I do not understand what is happening, but would like to come again next week.

At the next meeting the subject is "cleanliness," but the focus is again on Tom. The house is filthy. None of the young people have done their jobs.

But only Tom's failure to clean up seems disturbing to the counselors. Reproval swiftly escalates as do his countercharges: "You want to get rid of me," he shouts, "to kill me."

I begin to ask questions. Instead of dismissing Tom's comments as paranoia, I want to find out why others in the house have chosen to focus on him. Aren't all of them equally responsible for the state of the house?' What are the rules?' Have they indeed threatened to "get rid of" Tom?

My attempts to find out are thwarted by other arguments. Ellen is angry at Ann because she won't let her stay out as late as Liz who is three years older. Ellen lies on the floor, kicks her feet, and rolls from side to side. David is angry at everyone because he wants to move out of the house and the counselors have reminded him that he is not old enough. Tom will not speak. "There's nothing to say," he says.

I persist and little by little the house regulations emerge. Each young person has agreed to go to school or work as a condition of entering the house; the probation officers who placed them in the house insist on it. They may not leave until they are 18.

I begin to understand what Tom means. He feels that he has the right to decide what he wants to take at school, if indeed he wants to go to school at all. Ann is sure that it is good for Tom to take certain courses or at least some courses. But it isn't a simple matter of disagreement. Ann's opinion has the force of law; Tom's agreement makes him vulnerable to expulsion.

The counselors' refusal to change the rule or to acknowledge that it could be changed or even to acknowledge its power makes it impossible for Tom to risk obeying it or even to broach the subject of its fairness. He is furious at being in such a coercive situation. And his fury emerges obliquely, self-protectively, in behavior that can be seen as signs and symptoms of "mental illness." Tom feels isolated and endangered; Ann and Fred feel betrayed and baffled. No one is willing to deal with the issues or the rules. They are all in a bind, and I say so.

Over the next four or five weeks many other powerful but unacknowledged contradictions of the house's operation emerge. For a while it is Tom whose rage elicits them. But sometimes the focus shifts to Ellen. She pouts and yells. "Everyone," she screams, "treats me like a baby, tells me when to come and go, when to go to sleep and when to get up." Fred is impatient with her and says: "She can stay out till midnight on weekdays, one or two on weekends"; and with a meaningful glance, "she said she wanted to get up for school. Besides she's *acting* like a baby." Ellen flicks ashes on the carpet, rolls her eyes up in her head, and storms out of the room.

As time goes on I try to help Tom and Ellen articulate their difficulties with the house and their anger at the condescension and coercion implicit in its rules. I also try to help Ann and Fred understand the young people's behavior as criticisms rather than dismiss them as symptoms.

After several weeks Tom speaks his fury straight out, "You say you care about me, but you are willing to force me to do things I don't want to be-

cause you and your values say that they're good for me. It's clear you care more about your values than you do about me." Ellen points out: "you 'babify' me and then get mad at me for acting like a kid." David opens up too. Suilenly he says: "I think if you talked with him and said it was okay my probation officer would let me leave."

The counselors hear them. Slowly they come to see that they are paying too much attention to bureaucratic demands (the expectations of the larger collective of which the house is a part, the welfare department which finances the young people's living situation, and the court workers who supervise it) and to cultural conventions (the belief that teenagers should be in school or gainfully employed, that they should awaken and go to sleep at hours specified by their guardians) and not enough to the young people's needs and desires. Ann and Fred acknowledge the disparity between their point of view and the young people's, and admit to the contradiction between caring about them and telling them what to do. This in turn leads them to question the rules and attitudes which permit them to act this way.

Since the counselors have felt uncomfortable in their patronizing role, the results of this process, though anxiety provoking, are also liberating for them. They feel freer to challenge the assumptions of their jobs and to divest themselves of much of their power over the teenagers. Both Ann and Fred had come to the house precisely because they wanted to work and live with young people, free from the strictures of a traditional child-care service. In order to enforce rules they didn't believe in, they had blinded themselves to the effects of those rules. They admit that their condescension and rigidity were defenses against their own mixed feelings; labeling the anger of the young people as "crazy" or "self-destructive" was just one more way to deny the validity of their criticisms.

As the issues become clearer and as the counselors change the rules to grant Tom the option of not going to school or working, he gradually stops acting "crazy." Ann and Fred grant David the right to move out of the house; they also support his negotiations with his probation officer. Freed from constraints, Ellen acts precisely as the counselors feared she would. She stays out for several days at a time, drinks, takes pills, gets into fights on the street. But now, instead of being sarcastic and controlling, Fred and Ann simply express the mixture of dismay, anger, and frustration that they feel. "Maybe you're right," Fred begins, "about my 'babifying' you. I don't want to anymore and I won't. But why are you doing all of this?" Ellen listens, laughs, and then is silent. She leaves the house after dinner and doesn't call until the next day. "I've got something to do," she says, "I'll be back in a few days—to stay." Ann and Fred do not argue.

The counselors work to make the rules and structure of the house conform to the noncoercive ideals that they share with the young people. Slowly, as they give up the power to make rules by themselves, and as the younger people test their intentions, the counselors become more credible, more trustworthy. House meetings are still filled with the tensions of each person's

life, with the anxieties and resentments of trying to live communally and resisting it. But the issues and feelings begin to emerge.

It then became important for me to support all of the house members in their ongoing struggles to make the house more democratic: to point out at once the consequences of inequities of power and the difficulties which they experienced in giving up their roles as "counselors and kids."

Common problems emerged: one of them was drug use. Previously there had been a counselor- and project-imposed rule against drug use in the house: anyone caught with drugs would be kicked out. In fact, one person had been caught and allowed to stay. Generally the young people had lied about drugs, claiming that there were none in the house while hiding them from the counselors. Inevitably this drove a wedge between the counselors and the young people. The teenagers were resentful and guilty, the counselors suspicious and self-righteously angry at the betrayal which they knew the young people were perpetrating. In addition, none of the young people felt free to talk about drug-related problems: fears of addiction, the possibility of hepatitis, a bad trip that they had or were having.

Only when serious group discussions were finally held about drugs in the house, about the real dangers of police arrests and the possible closing down of the house, and only after the young people had a real stake in and power over the house did they agree not to have drugs there. It was no longer a "counselors' rule" but a matter of common interest and of group survival.

The greater equality between counselors and teenage residents provided the basis for new and more democratic processes of decision making. All decisions—regarding budgets, hiring of new counselors, rules, admission of new young people to the house, overnight guests—were made in common. The greater equality also provided a basis for greater personal frankness in the meetings. Teenage residents who were not afraid that some privilege would be taken away could criticize counselors more freely or reveal personal difficulties without fears of arbitrary reprisal. Similarly the counselors, no longer burdened with moralistic postures or police duties, could be more straightforward about their own annoyances, anxieties, and concerns.

To sustain these changes, the house began to insist that the larger organization of which they were a part respect their developing autonomy. In the ensuing struggles, the group foster home began to push the entire collective to live up to the ideals of openness, freedom, respect for young people, and participatory democracy which had animated its formation. The young people and their counselors began to ask for a greater voice in overall decision making, for workshop discussions on drugs and sex, and for changes in hiring procedures that would respect the autonomy of each project. As the struggle intensified, I supported the house's initiative and helped its members to articulate positions based on our common experience. Simultaneously, I became a participant in the decision-making of the larger collective—an advocate as well as adviser.

This change in role—as important to me as it was to the members of the house and the larger collective—was precipitated by a conflict over hiring procedure. Ann was leaving and the house wanted to hire Jeanine to replace her. Tom and Ellen had known Jeanine for a year; she had come to visit them in the house and had invited them to her own home. In the course of hours sitting at the house's kitchen table she had come to know the other young people and their counselors. With Ann about to leave Jeanine seemed a natural choice to replace her. After a week's formal interview it was clear that all the house members wanted her as a counselor; it was also clear that they feared and resented the power of the larger collective to veto their decision.

When Jeanine's hiring was vetoed by a counselor from the other group foster home, a full-scale battle ensued. Alan said he thought Jeanine was irresponsible and untrustworthy, that he did not want her in his collective. The house members refused to honor his veto. They contended that his objections were based partly on his justified anger at some of the house's past actions and partly on his desire to control them. In any case they felt that his exercise of the veto was proof that he should not have one, that the structure of the collective should change to respect their autonomy. They were the ones who would be living and working with Jeanine and were capable of deciding whether they wanted to. The collective should support, not oppress, them.

Gradually my involvement increased. I began by trying to mediate between the two group foster homes, helping the house to acknowledge that it had pushed through Jeanine's hiring but pointing out that the larger collectivity had long been only a constraining myth: the house's hiring of Jeanine was an assertion—perhaps hasty and inconsiderate but still accurate—of its actual independence. When the mediation was inconclusive, I found myself involved with the entire collective.

In several day-long meetings at which almost all of the collective's 40 workers were present, I provided support for the house members. I tried to point out that in obeying the letter of its rules the larger group was subverting the spirit of collectivity which was actually developing in the house. Jeanine was already a real member of the house. If the larger collective tried to deny the house's right to have her there, it was violating the human needs and relationships which the house—and indeed the whole alternative service collective—had been formed to further.

As I spoke I heard myself grow angry and impassioned; it was important to me that the young people in the house had the counselor they wanted. As the struggle continued I felt close to them and they, surprised and pleased at the extent of my support, seemed to grow closer to me. Occasionally I found myself saying "we" instead of "you" or "they" when I referred to the house.

By the time the larger collective finally agreed to Jeanine's hiring, each of the individual projects was becoming more conscious of its own needs, more

desirous of independence, and more sensitive to the arbitrary power that could be exercised by the collective as a whole or by its coordinators. Within two months a group was created to reorganize the larger collective, to make it more responsive to each project, its workers, and the young people they served. Because the struggle over Jeanine's hiring had brought me closer to the larger collective, I felt comfortable joining the reorganization group, eager to share my experience and help shape the larger collective.

CONCLUSIONS

The longer I work with alternative services and the young people who are involved with them, the more it seems that conclusions are actually progress reports, that clinical summaries can only be chapters in biography and autobiography. At our best, we—consultants, counselors, teenage phone aides and residents—are engaged in a common effort to provide and receive services without simplifying or mystifying or abstracting our experience of those whom we serve or of one another. As we do this, we are consciously trying to build communities that are at once flexible enough to sustain our differences and our growth, and strong and open enough to respect, and perhaps change or include, those whom we touch.

In the current monthly meetings of the hotline there are five people from the original discussion group and eight, including Alice, from the first meetings of paid staff that I attended 18 months ago. There the business of the hotline—scheduling, reports on committee work, planning for training, and publicity—is carried on with steadily increasing ease. Everyone seems to feel responsible for a portion of the workload and is eager to assume or share duties. More and more the staff seems to want to use the meeting time to offer and receive criticism and to ask for help on specific problems with callers and with their reactions to them.

The integration of new paid staff is anticipated by current members and is discussed thoroughly. To avoid the discomforts of the past, the old staff plans to have extra discussions and sensitivity training sessions for new members.

Instead of being its recalcitrant stepchild, the hotline has become a permanent part of the Mental Health Association. Its members now participate in the larger work of the association, supporting its programs for young people, confronting those policies they disagree with, providing the Association as a whole with a kind of leavening action. When recently there were complaints from the landlord about noise and litter, hotline and the Mental Health Association responded jointly, with few divisive accusations.

Hotline workers who wanted to work face to face or more intensively with people and/or needed full-time jobs have become active in other youth services in the county. One is house manager of a nearby suburban runaway house where other phone aides volunteer their time. Two of the phone aides are part of a drug counseling program in a rural area of the county. For them

hotline provided "training in counseling skills"; but, more important, it was an experience in working cooperatively and intimately with others. From it they derived a conviction about the necessity for "sharing power and responsibility" which they bring to their new work. These three all continue to work at hotline, to value its services and the support of the group there, and to provide a critical perspective on a situation they know well but now have some distance from.

Others have dropped out of hotline for a while, "burnt out," and have come back refreshed to work again. Their departures aroused some sadness in the other workers but were accepted with remarkable ease: everyone seemed to understand the need for time off and away. Their welcome back was sincere and unaffected. Still others have moved away, some with the intention of setting up other, similar services in their new communities.

As the paid staff becomes more secure about its ability to work together and survive, to learn and change, the need for me seems less. Occasionally I will raise an unpleasant issue—next year's funding, for instance—which has been temporarily ignored, or point out an unwanted but possible future consequence of a present action. But, increasingly, as I see my perspective emerge naturally from group discussions, I have the sense of being a reassuring presence, a valuable resource, a friend, rather than a necessary catalyst.

Although I stopped attending the weekly group foster home meetings several months ago (after 20 months), I continue to keep in touch with the people who live in the house. Periodically I hear from those who have left: an ex-counselor asks for a recommendation or wants to stop by to say hello; a young person on his own is lonely or confused and remembers that I could listen well. In my place at weekly house meetings is a married couple who are friends of mine, a psychiatric social worker and a social psychologist. The house is pleased with them, and they, working without pay, are gratified by the mutuality and informality of their experience with the house.

For most of the young people who have lived there—who have previously spent years in mental hospitals and reformatories, in a succession of individual and group foster homes and boarding schools—the house has been a great boon. In contrast to other group foster homes that I have observed, which seem regularly to extrude one "troublemaker" or "psychotic" or "acter-out" after another, no one has been told to leave the house. It has not, as Liz said in a recent conversation, "solved all my problems," but it has been "a place where you could do whatever you had to to find out what you want to do and who you are." Ellen, who has now lived in the house for almost three years, described it to a girl who was thinking about living there as "a place where you can learn how to live—with other people and on your own." Even for those young people, like David, who left angrily, disappointed that there wasn't "more," it was at least "a place that let you leave"—one that respected a young person's right to decide. When young people leave, the house helps them to get settled outside. Afterwards it remains available for support. Once when he was temporarily homeless, David returned to stay for

several weeks. Now he sometimes drops by to talk or eat or attend a house meeting. "These people are my family," he says.

Several counselors have gone but Jeanine has remained, and Cynthia was hired as a new counselor eight months ago. The relationships in the house between the young people and the counselors are generally supportive and affectionate, occasionally combative, but not burdened with unspoken expectations and mystified power. The counselors are firmly committed to the right of the young people to make their own decisions and their own mistakes, to caring about them without coercing them. Within rules that are established in common or imposed on all by the juvenile court system, the young people and counselors are free to live and grow as they want.

The lives of both counselors and young people have extended beyond the house. Those who continue to reside there have begun to do, on their own terms and for their own reasons, what neither parents nor reform schools nor mental institutions could force them to do. One teenager has taken a full-time job that he enjoys. Three others—all of whom had dropped out of high school—have begun to study on their own as well as to hold jobs. And all of them have become increasingly involved in the life and work of the larger collective. I see them at weekly community meetings where the whole collective gathers or around the runaway house where they stop by to talk or just hang out.

Their experience in the house has strengthened their ability to understand the problems of the larger collective and has sustained them in recent political and financial struggles within it. Jeanine is particularly concerned with evaluating and strengthening the collective organization and with training new workers. Cynthia has been active in extending the collective's services to neighborhood people. Tom is spending some of his time studying "people in situations" and different ways of understanding families and groups. After community meetings we often share our observations. Liz is a leader in a group of alternative service workers and former runaways who are speaking to congresspeople and Health, Education and Welfare officials about juvenile rights and a proposed Runaway Youth Act. The other day I ran into Ed delivering surplus food to Runaway House. And Ellen has helped in planning the collective's annual report.

Like the counselors and the young people, my interests have also evolved. My concern with the house has enlarged to include the entire collective. My experience there has made me more knowledgeable and confident about the possibilities of creating living and working communities that can grow and change in response to the needs of the people in them and of those they serve. I want to understand how this happens, to help people who are doing it to avoid the traps that come with increasing longevity, success, and size, and I want to be part of this process.

At the same time I have become more sensitive to the need for a larger community to support the collective's efforts and to the desirability of reach-

ing out to young people before they become hopelessly estranged from their families.

My increased awareness of the plight of young people, of the collective's ability to work with them, and of the insufficiency and counterproductiveness of many traditional agencies and their parent-identified individual and family therapists led me to initiate a weekly seminar in family counseling. For the last year and a half counselors from the collective as well as graduate students and professional therapists in the metropolitan area have come regularly to discuss each other's work with young people and their families, to generate out of our shared beliefs and experiences new ways of helping and relating to them. Slowly these graduate students and therapists have become part of the larger community which supports the collective.

Similarly I have tried to help the reorganization group to be continually responsive to the needs of the entire collective, to make it an ongoing "internal consultation and evaluation group." There I have learned, with representatives from each of the projects, to work and to think together with a group of people. We try to be sensitive to individual needs and to show how these may reflect project and collectivewide problems. Reorganization gives the entire collective an ongoing perspective on itself: it provides a forum for new ideas and future plans; generates support "task forces" for individual projects that are in turmoil and new structures for collectivewide needs; and it provides a thoughtful, self-critical brake on precipitous action.

Consultation itself has become a collective process.

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runaways and runaway centers

It is not surprising that runaway houses were among the first and are among the most enduring and successful of alternative services: Homeless kids are visible and their exploitation obvious. Besides, there is something wonderfully sensible about simply offering a place to stay to young people who need one, about asking them to figure out what they really want for themselves and then helping them to get it. The essays in this section are about the growth and development of these runaway houses. Presented in chronological order, they offer a progressively larger and wider perspective on runaway centers and the ways they work with young people.

"The Washington, D.C. Runaway House," first published in the Journal of Community Psychology *(January 1975), is an early and personal portrait of the center which I have known longest and best; "Working with Runaways and Their Families: How the SAJA Community Does It"* (Family Process, *June 1975) focuses on the family counseling we have done there. In contrast, the mini essay that follows presents information drawn from a number of runaway centers. It touches on the conditions that have been propelling young people from their homes in the last few years and is in part drawn from the final report of the National Institute of Mental Health's Runaway Youth Program, which I co-authored with Joan Houghton. These essays are reproduced here with permission. The last paper, "The Runaway Center as Community Mental Health Center," was only recently completed. It presents an overview of the comprehensive services that runaway centers are currently offering and compares them, in spirit and scope, with community mental health centers.*

the Washington, D. C., runaway house

Each year, between 10,000 and 18,000 young people in the Washington metropolitan area run away from their homes, or from the correctional or mental institutions where they have been confined. 400 or 500 of them find their way—through therapists and ministers, friends, hotlines and street gossip—to Runaway House, a broad, grey-white, three-story building near Dupont Circle. Once there, the young people, 75% of whom are from Washington D.C. or its suburbs, have a chance to "get their heads together"; to live for a short period with fellow runaways and the counselors who work in the house; to consider with them the situation they left and the alternatives they have for dealing with it and themselves.

I first came to Runaway House in 1971. Like the others, I was in flight from one world, in search of another. I had just finished my psychiatric residency, was newly enlisted in the U.S. Public Health Service, and was about to begin the two years of work which would fulfill my military obligation. I had managed to get assigned to the Mental Health Study Center, the National Institute of Mental Health's laboratory in community mental health. My assignment was to do research into "nontraditional services for youth." Having battled hospital and clinic administrations for three years, I was eager to find a setting in which I could be comfortable and useful. I would justify my salary by writing about these groups—runaway houses, hotlines, group foster homes, free schools. I would justify my presence among them—in an atmosphere relatively free from the constrictions of hierarchy, rigid roles or therapeutic dogma—by being helpful to them.

Wondering what I could be to the Runaway House, anxious that I be relaxed and open enough to be accepted, I knocked on the door. At the window on my right, young faces, pale, framed by long hair, gathered and stared. "Hi," said the woman who opened the door with a smile of welcome. Long after Ruth has left, long after many hundreds of runaways and several generations of Runaway House counselors have come and gone, her smile still lingers around the House. "The runaways," she said in response to an unasked question, "have to ask us before they open the door. It might be someone they can't deal with, an angry parent, or a policeman with a warrant."

Physically, the House has changed little since then. The living room wall is still covered with writings—love notes, drug lore, exotic names, praise of

counselors and counter-culture heroes and heroines, anti-establishment slogans; the furniture is still old, overstuffed and shabby; the kitchen is cramped; and the dining room, a desk in one corner, is still dominated by the huge wooden table at which meals are eaten and meetings held. Upstairs, the boys' room is still on the second floor; and the girls' room, then as now, neater than the boys', is on the third. There are mattresses, blankets and bunkbeds in each. Though they no longer live in the House, the women counselors still sleep on the third floor and the men on the second.

As we sat and talked and drank coffee, Ruth told me about the House. I liked the way she talked about the young people. Her concern for their dilemmas never seemed to intrude on her respect for their ability to choose and decide for themselves. And I liked too, the feeling of the House, the easy way kids had of passing in and out of the dining room to cook or check for messages or simply say hi; the casualness of the people—neighbors, friends of the counselors and runaways—who dropped in.

Ruth explained how she and Mario, the other counselor, tried to give the kids who came there some time away from their families and school and the hassles from which they fled; a place to pause and figure out what to do next. There were ten runaways there that day, an average number. Most would go home soon, after a few days or a week or two away, some individual counseling, and perhaps, a first session with their parents. Others, long on the road or on the run, might stay for a few days and move on. And still others, at the end of the rope with their parents, would try to be placed, with court permission, in a foster home, or in one of the two group foster homes that were associated with Runaway House.

I told Ruth and Mario about myself, how I had tried to "destructure" a ward in a mental hospital, to give the patients there the freedom to experience—with support and guidance but without drugs or coercion—whatever kind of anxiety or madness they were going through; how I wanted now to be part of a setting which, and a group of people who, functioned outside of institutional structures and strictures, who tried in the fullest sense to be therapeutic without being selfconsciously professional or moralistic or coercive.

I decided with them that I would hang around for a week or two, try to get a feel for the House and how I might fit in, ask questions, talk with the runaways, sit in at meetings and counselling sessions. I would share my feelings, ideas and observations with them and we would decide together if and how I might fit into the House.

At first I was a little tense, suspicious of the young people, of their abrupt demands and sullen silences, even as I had sometimes been when I myself was a teenager. But I began after a few days to relax with them as they jumped and screamed, laughed and pouted, and soliloquized their way through the House. I found I could talk directly to the young people. I was interested, and they were eager for an older person to talk to, to share the bravado of the evening before or the one ahead; or the pain of the inexplic-

able beatings, the endlessly repeated arguments from which they fled. "Hey, man," one would say, bouncing to attention in front of me, tugging at my sleeve, flopping onto a couch next to me, "Hey, man, do you think I can pass for eighteen?" Or another, genuinely puzzled, interested in my reaction to his family, "What do you think of my old man saying that?"

After a week, the counselors decided that I could and should stay around. They already had a weekly meeting with a psychologist who helped them deal with the hassles that came up in their work with each other—hassles that were magnified and intensified by their attempts to live communally and work collectively—but they also appreciated the help that I was able to give. Exempt from the daily pressures of the House, I could lend perspective to their dealings with particularly baffling or infuriating runaways. Accustomed to doing therapy with whole families, I could help them see the runaway as part of, as well as defector from, his home. And then, we all enjoyed the time spent together at the House.

After two and a half years, with experience with more than 2,000 runaways and three new groups of counselors, I am still around Runaway House. It is, as Debbie, one of the present counselors, reminded me, "where the kids are." And it is where, I add, people are still trying to be helpful without being coercive; compassionate without condescension.

The D.C. Runaway House was started in 1968 by an activist minister and a former civil rights worker. These men, like others in other cities, were responding to concrete needs of a group of young people. But the form of their response was shaped more by the spirit of the civil rights movement, the political point of view of the New Left, and the social orientation of the counter culture than it was by any conventional notion of social work.

The young people who came there were granted their full "civil rights" within the House. The counselors were committed to respecting their ability to make the decisions that affected their lives. Running away was seen not as evidence of psychopathology and potential criminality, but as a symptom of a family's decay and a society in turmoil. The Runaway House was a refuge and an alternative: There would be minimal rules to insure the House's survival, but no one would be compelled to contact his or her parents; neither parents nor police would be permitted in the House without the consent of the young person or without a warrant.

According to law, the young people who come to Runaway House are criminals. Running away—like such other "status offenses" as truancy; incorrigible, ungovernable, and unruly behavior—is a crime. Many of them have been adjudicated and confined for these offenses, a few for actual crimes against people or property.

Many others have been labeled by psychiatrists and psychologists: "acting-out disorder of adolescence" is most common, but many have been told that they have a "passive-aggressive personality disorder," that they are "hysterical," "schizoid," or "schizophrenic."

Within the first year it became clear to the founders and the staff they recruited that Runaway House was not adequate to the needs of many of the young people who stayed there. A few days away from home and some friendly advice might go a long way toward resolving an isolated family quarrel; a 16-year-old who had lived on her own for three years might need no more than a place to crash for a few nights. But between these extremes of pique and emancipation were large numbers of young people who experienced seemingly intractable difficulties with their families, communities, and schools. They could not go home without becoming embroiled in the same futile destructiveness, could not live on their own for long before being picked up or locked up. Again and again they returned to Runaway House.

To meet the needs of some of these young people, Runaway House counselors established other projects. In 1970, they set up a group foster home in which five or six teenagers who could not go home could live with two counselors; in 1971, another was begun. A job cooperative—designed to locate jobs, provide vocational counseling and training—was founded, as was a free high school. These served both runaways and other young people.

For several years, additional foster home placement capabilities were small. Young people who could not go to either of the group foster homes were generally referred back to traditional social service agencies. But, in 1972, a comprehensive foster placement service based at Runaway House was begun. Other House, an intermediate-length residence, was opened in the same year; young people referred from Runaway House and from social welfare agencies could stay there for two to six months while working out plans for the future—a permanent foster home, independent living, or return to their family.

As of this writing, the SAJA community that evolved from Runaway House includes a network of twelve service projects. Some, like Runaway House, Other House, and the group foster homes, are intimately related; others, loosely connected. They are staffed by 27 full-time workers, more than 20 volunteers, and 10 part-time consultants. There is coordinated program planning, but no administrative hierarchy. Each project functions as a collective, sharing resources and arriving at decisions. Young people who live in the group foster homes and attend the school are given full voice in, and power over, policy decisions. People who live and work in each of the projects meet in weekly discussion groups about program, policy, and common problems; many of them come together at monthly SAJA community meetings.

As Runaway House has grown and changed, as it has generated its own community of alternative services, it has begun to provide a bridge to adulthood for some young people. Many preserve the memory of their experience at Runaway House as a touchstone. At the House they were allowed to be themselves; their rights and wishes were respected, their responsibility for their own lives acknowledged and insisted on. At home again, under stress, they draw strength from it. They are not really trapped; they can always call

or write or return to Runaway House. Knowing that they can leave, they are free to choose to stay. Remembering, feeling their own strength, they are less likely to be overwhelmed by the struggle to work things out.

Other young people, having spent months or years in reform schools and mental hospitals, have sued to be released from their parents' custody and have been allowed by the courts to live in the group foster homes. And still others, wishing to live at home, have returned to volunteer at Runaway House, to do, for the first time, work which seems useful, to use what they have learned from their own experiences as runaways to help others who are troubled and confused.

* * * *

Jean has grown up with Runaway House. I remember her from my first week there, an attractive girl, serious, responsible, appearing older than fifteen. She had just run away for the fifth time from the mental hospital where her parents had put her the year before. She did not exactly hate the hospital, she said, but it was confining and degrading with its locked doors, its little pills, and its insistence that she always be accompanied by a staff member. Every once in a while she had to get away. In fact, the hospital staff had almost gotten used to her need for more room. They knew that periodically she would come to Runaway House; that she felt close to the counselors there and that they gave her emotional support.

Sitting in a corner of the living room, her legs over the arm of a chair, Jean debated aloud her current dilemma. Her mother, an alcoholic, was in a hospital again, this time with liver trouble and hypertension. Her stepfather, a midlevel corporation executive, now lived alone with his youngest daughter; they saw one another only during the stony silence of the dinner table. Should Jean try to go home to help out? Should she stay on in the hospital and continue the farce of being a patient? Should she try once again to get placed in a foster home?

Once before when Jean had gone home to work things out, her mother had "double-crossed" her, had said on the phone that she would be "so pleased"—here Jean mimics Mrs. Jerome's shrill voice—to have her home; and then had the police waiting for her. That was when Jean was first brought to the mental hospital and, against her will, committed.

Jean recalled that her diagnosis was "acting out disorder of adolescence." "My mother was boozing every day, and my stepfather was making it with her best friend. At night they fought so loud, breaking mirrors and bottles, we could hardly sleep. And they put me away"—here a giggle interrupts her outrage—"and said *I* was acting out."

Jean held out little hope for going home. Her parents felt that, except for Mrs. Jerome's physical problems, they were doing fine. It was Jean who was having problems, she and her two older brothers, who had run away before, and the younger sister who had taken up with a motorcycle gang. The Jeromes would give Jean neither her freedom nor the opportunity to work out family problems with them. They had refused the family counselling that the hospital offered and delayed the court proceedings that might have placed Jean

in a foster home. Clearly, she concluded, she would have to go back to the hospital; maybe eventually the doctors would let her live in one of the SAJA group foster homes.

I next saw Jean a year later. She was about to be discharged from a second hospital, one to which she was sent because she had run away once too often from the first one. The doctors at the second hospital had finally decided that she was ready to be discharged, that she was "much improved."

To me she said that she had learned "which games to play." When she had first protested against being in the hospital and had refused to take the mind fogging doses of Thorazine her doctors had prescribed, the staff had injected her with the drug—"I could hardly walk sometimes." When she continued to protest, cutting her wrists in frustrated rage, they locked her in a stone floored seclusion room and "threatened to put me on the shock treatment list for next week." Then "I started to behave myself; I got up early and went to school, and was sweet and nice and helpful, the most perfect, agreeable patient you could find." After nine months, with a place in a group foster home assured and the approval of the court, Jean was released to SAJA.

For a year and a half following her release Jean lived with five other young people and three counselors in the group foster home. Recently Jean told me that this time was "the complete turning point of my life." It gave her "time to try out different things—different fantasies of myself and different personalities . . . time to go from being a dependent mixed up, pushed around kid to an adult." She spent some of that time working on a farm that SAJA rented and some helping out at Runaway House; she learned how to live with a group of people; she went to a free high school and worked as a secretary; she became part of a community in which she and her ideas were respected and valued.

Now Jean is on her own, living with friends, working as a craftswoman, thinking of going to college. No longer legally controlled by her parents, she is trying, slowly, sometimes painfully, to be friends with them.

* * * *

There have been a dozen counsellors since Ruth and Mario left. Some have stayed for only six months; their time at Runaway House has been an interlude, an occasion for grassroots work with people before entering graduate school in medicine or law, social work or psychology. Others have become integral members of the SAJA community, leaving Runaway House after six months or a year to extend the House services or work in other, slower paced projects. Two former counsellors are involved in training new counsellors; another is a counsellor in "Other House," a residence where young people can stay for several months before they find a more permanent home; another has taught at the free high school which some of the Runaway House alumni now attend; a fourth works with families of runaways; and a fifth has begun a program to find foster parents—single people and communes as well as couples—for former runaways.

Still other Runaway House counselors have left for awhile, to study or

write or wander; to do carpentry or construction or pick apples. In recent months some of them have returned to Washington. They work nine-to-five jobs but are still part of the SAJA community. They spend time at Runaway House helping out when the building needs repairs or cleaning or when the number of runaways swells; they share their experience with new counselors and help provide them with a sense of continuity and history.

Though recent generations of counselors come from a variety of socio-economic, political and educational backgrounds, they all, like the founders and the early counselors, respect the young people—their right to leave home and their ability to decide what to do next. This respect makes it possible for many of the runaways to look clearly at their situation, to decide what to do next, and to learn from their decisions. If the runaway is not constrained, it is possible for her to choose; if the person who is helping her refuses—even under threats from parents, hospitals or police—to be coercive or to violate a confidence, then perhaps she can trust that person to help her make choices.

At the same time the counselors know that the physical act of leaving home is a sign to even the most preoccupied or indifferent parent that something is wrong. Just as the act of running away may help the young person to become more conscious of himself as a person with rights and responsibilities, so it may provide the impetus for the whole family to take a look at the stresses which have resulted in the flight of one of its members.

* * * *

I met David about six months after I met Jean. He seemed to move without transition from self-absorbed silence to rapid fire speech. One moment he would be staring into space, a slim, dark, 13-year-old, sitting cross-legged in a corner of the living room; suddenly, unbending, he would rise to stand beside a counselor, offering to share a candy bar, a hand of gin rummy, or a game of chess. No, he maintained for several days, he would not talk about his parents, much less contact them; nor would he discuss his plans for the future. None of them were important. "Only," he would say, with a fixed and meaning stare, "only now is important."

After he had been in the House for several days, Rachel and Kurt asked me to talk with David. They were concerned about him. He had told them that a psychiatrist said he was "schizophrenic." Some of the runaways thought he was weird; they edged away from him at the dining room table, would not speak directly to him at morning housemeetings. And then there were times when the counselors felt uneasy—finding David awake at four in the morning, chanting, meditating on the dining room table.

Sitting upstairs on the floor of Kurt's room, David and I talked. At the beginning, our conversation was like a chess game or a wrestling match. He would lunge forward condemning all psychiatrists, and then retreat to obscure puns and conspiratorial giggles. For a while I listened, attentive but not understanding. Then he began to lean toward me, to speak softly, insistently, almost pleadingly about a desire to go far away, to woods where there was no human sound; to go with only a sleeping bag and a pocket

knife. There he would be free to be himself. Every action would be his. He would create every product he used: fire, shelter, food. I simply listened, feeling with David the paradox which seemed to give such urgency to his speech. He wanted to be himself, had to be absolutely alone to be sure that it was he who was feeling, and acting and speaking. And yet he wanted equally much to be heard, to be taken seriously by another.

A few days later, David went home.

A year and a half later, he returned to Runaway House. He was taller, broader, more solid. His voice had deepened. Claude, who had never met David before, felt easy with him and the way he regarded his life situation. He wanted, he said, to leave his home. His parents were constantly nagging him about the length of his hair, his clothes, his grades, one friend's language and the length of another's skirts. He resented the nagging, but what made him feel worse—and he was not sure in view of his parents' obvious attention to him that the counselor would believe him—was a growing feeling that he did not matter to his parents; that he was not, in spite of all their nagging and their arguments, a member of the family.

David wanted to move. When he told them, his parents were "sure" he wanted to quit school, to move into one of the sex and drug saturated communes of their imaginings. On the contrary, David said he liked school and would continue no matter where he lived. What he wanted was "a real family," one where he would have "a place." He thought he would become a live-in babysitter.

Claude and Liz, the new counselors at Runaway House, helped David look into the possibilities of finding such a job. But they also reminded him that at fourteen he was very much his parents' child; subject to swift arrest if they decided he was "beyond control" or "in need of supervision," or simply if he was on the street when the police thought he ought not to be there. It was unlikely that he could get a live-in job without his parents' permission. And then too, the counselors wondered if David might not be able to work something out with his parents. He seemed to want care and intimacy, to be looking for more, not less, of a family.

David called his parents, told them where he was and that he was thinking of leaving home and taking a job. He said that he needed time to make decisions about his future; asked that they not try to force him to come home; and mentioned, tentatively, that he would like to see them.

After seeing his mother and father for an hour, David came to the counselors. He was still pretty sure he was going to move out; but just the same, maybe they could help him and his parents work some things out. At least he would like them to understand him better.

In the course of half a dozen sessions, the Wojack family spoke and played and lived out some of their tensions and confusion. The counselors were more the occasion, the catalyst for, than the directors of the process. They acknowledged and shared with all the family members the way they saw and experienced the Wojacks: How Mr. and Mrs. Wojack never seemed

to talk to each other, but only to discuss *things*; how they shifted with disarming swiftness from a quiet discussion of family finances to a fierce condemnation of David's extravagance; how Mr. Wojack turned away to look at his watch and Mrs. Wojack fidgeted with her eight-year-old daughter's hair while David tried painfully to talk to them about his loneliness; or again, the way David had, when his parents occasionally talked intimately to one another, of drawing their attention away, toward him, by humming to himself or giggling.

As the family became more comfortable with the counselors, stereotyped noncommunication and stale recriminations yielded to a less defensive reconstruction of the past. The Wojacks, it turned out, had always been a distant family, more inclined to control or withdraw from one another than to speak directly. They had always been focused particularly on David, the older son, the one whose brilliance, they felt, was destined to redeem the mediocrity of their own social and intellectual position. They knew that David wanted more warmth, that he felt their pressure to be oppressive. Indeed, things *had* gotten better after David returned from his last time away; his parents, realizing they could not control all his movements, allowed him to have more responsibility for himself.

But a year ago Mr. Wojack's father had been diagnosed as having cancer. Since then he had not been able to relax. Nightmares kept him awake. At work he made foolish errors. He did not want to burden his family with his concern, so he withdrew still further from them. At meals he read the paper. Later at night he watched TV. He spoke to David, it seemed, only when he was dissatisfied with him.

Mrs. Wojack had felt her husband's anxiety and withdrawal, which frightened and sometimes angered her; but she did not feel comfortable being cross with him; he already had so much to deal with. How could she burden him with her complaints? Both parents seemed increasingly to focus on David. His performance in school, his friends, his comings and goings, were events they could safely share and discuss and worry about.

David felt the intrusiveness and the distance, and felt too that he could not question either. When he did, his parents scolded still more, and withdrew, fidgeting behind the rustle of newspapers. They would not let him go out. He couldn't stand to stay home.

David got stoned at night. Grass and barbiturates cooled him out. He could giggle at the shapes of shadows and the strange puns they suggested; or nod out. After a while he was drawn to LSD. Tripping in his room he discovered a world of vividness, of bright colors and strange secret patterns. Yet, sometimes he felt a need for something more, a need to be seen and heard and touched by another. One night, tripping, he wandered naked into the street. When his parents saw him sitting cross-legged on the lawn, stroking his torso, staring through the trees toward the moon, they called the police.

In the family sessions the grotesque tragi-comedy of nonconnection begins slowly to grind to a halt. Needs and feelings begin to be shared. His

parents, closer to their real fears—fears about Mr. Wojack's father's death and their difficulties with one another—seem more relaxed about David and his future, more sensitive to his needs. Meanwhile, David is living with a woman, taking care of her young child in the evenings while she works. He enjoys the trust she puts in him, but feels after a few weeks, the pressure of the work and the length of the commute to his school. Then, too, the family sessions are helping him feel closer to his parents; he actually misses them. He visits home on weekends, then decides to stay. At the end of the fifth session he and his father embrace awkwardly. They say, after the next session, that they have had enough counselling for now; that things are going well at home; and that they will call Runaway House if they need more help.

* * * *

The people who work at Runaway House are trying to learn from its and their history. The fantasy of a counter-culture entirely separate from and independent of the dominant society has, in 1974 in Washington, D.C., faded away. To sustain itself, Runaway House has to establish strong supportive ties not only with other SAJA projects but with other community groups. To continue to provide a safe place for the young people who come there, the House must ensure its own safety and security.

Without sacrificing the fluidity of a nonhierarchical, nonbureaucratic structure to the demands of funding agencies or to dependency on professional fund raisers, Runaway House is struggling to become financially secure. Without diminishing their responsiveness to the young people, the counselors are trying to slow the exhausting pace of their work. Instead of being on call, as Ruth and Mario were, six days a week, twenty-four hours a day and leaving "burnt out," exhausted, after six or eight months, the present counselors are trying to pace themselves; to make better use of volunteers, professional therapists, students and community people. This is a matter of conviction as well as necessity. Runaway House and SAJA are stronger, more sure of themselves. There are lessons to be shared as well as work that needs to be done.

The counselors are slowly, tentatively, reaching out toward the larger society from which both they and the runaways have come. They are trying, without diminishing their respect for the runaway and his or her confidentiality, to work more cooperatively, more mutually, with parents and police, mental health clinics and probation officers.

My own concerns sometimes reflect, sometimes catalyze, these changes. I have become more a part of Runaway House and SAJA, attending meetings of all SAJA members as well as consulting with individual projects; I think now about planning for a future which involves me, as well as dealing with the present. I am more in SAJA and Runaway House, a worker as well as a consultant. Paradoxically, being more in has made me, like the counselors, more sensitive to the limitations of the work, to the exigencies of the world which surrounds us.

Together with Runaway House counselors, a psychologist, a social worker and some graduate students in psychology, I organized a program in counsel-

ing for runaways and their families. Over the last two years our counselors have met several times with each of 40 to 50 families; once or twice with many more. We have seen the same young people in flight from unchanged or deteriorating family situations; we have investigated with them over and over the same meager alternative situations; and slowly we have learned the importance of trying, from the beginning, to work with the runaway and his or her family.

We do not, as we were originally tempted to, react against the parents' view of things. If they claim that the runaway is "the problem," we do not respond reflexively, "No, *you* are the problem." Things always are much too complicated, too tragic, for blame. With unsettling regularity we discover a pattern of victimization, of loss and dissatisfaction and dimly understood unhappiness; a web which spins out from the tightness of the nuclear family back into history, out into the worklife of the parents and the schools of the children. Too often it dims vision and constricts all movements, save perhaps for the fitful bursts of energy that propel the runaway from home.

* * * *

Talking with Anita Foster one has the sense only of injustice. Here is a nice girl—the word nice seems peculiarly apt—a junior at a suburban high school who does well academically, plays field hockey and basketball. Anita is 16, bright, soft-spoken, earnest. Her face is broad and plain, her body chunky in new dungarees and a pressed plaid shirt. She has run away from home because her father, an Air Force pilot, forbids her to go out with Ron, a Black college student whom she likes very much. When she speaks with Ron on the phone, her mother listens in, reports later to her father. She cannot even visit a girlfriend without her mother—terrified that she might be meeting Ron—checking with the other girl's mother, asking when she arrived and what time she left.

In a few weeks Captain Foster will be transferred to a base in Mississippi. According to Liz, the Runaway House counselor who is closest to her, Anita is thinking about staying behind in the D.C. area. Yes, she says, she would like to be around Ron. But that's not the only reason. She has friends in school, real friends for the first time in sixteen years of periodic migrations; and she doubts that she will be able "to be myself if I stay with my parents."

I am prepared not to like the Fosters. Captain Foster has served in Vietnam and I have a particular horror of the pilots who dropped their bombs there. Nor am I sympathetic with what I understand to be the Fosters' racism or their moralistic intrusiveness.

For the first minutes of the family session I am tense and wary. The cool logic that Captain Foster wields seems at times an emblem of our national destructiveness as well as a means of dominating his daughter. It is my house, he says. There are certain rules. You are not to see Ron. We do not approve. You have snuck out behind our backs, betrayed our confidence. It is not that he is Black, though it is "harder" for interracial couples, only that he is too old for you. Mrs. Foster takes notes on a stenographic pad, turns away from my glance. Anita tries ever more weakly to refute her father's arguments, to

justify her disobedience even as she apologizes for it. Her parents gesture toward a silent younger brother, mention a sister who stayed home to baby-sit. They are good, respectable. They obey our reasonable rules. They are willing to leave their friends to go to Mississippi. Why can't you be more like them? I feel Anita retreating into a corner, her parents hardening against her. I'd like, I say, to find out what has happened.

Life for Anita and her family has gone from "fine" to "uncomfortable" to "unbearable" in six months. It turns out that Ron is Anita's first real boyfriend, the first guy who has been more than just an acquaintance or a pal. She thought from the beginning that her parents might be uncomfortable with her having a Black boyfriend, but she tried to put that out of her mind. He was responsible, wasn't he—in college studying to be a lawyer, working part-time. The first time he came to the house she knew they hated him. They had been so pleased that she was going out, and then so cold when they met him.

After she came home that night, her father came downstairs for a "talk." He forbade her to go out with Ron. Anita reasoned and argued and pleaded and finally, surprisingly for a usually stoic girl, she even cried. How could he do this to her?

There began a battle of stubborn wills, a dance of evasions and restrictions which only forced Anita further from her parents, fixed them in hurt intransigence. Anita did not go out with Ron, but she met him after school. When her mother saw her with him, the rule was clarified and reinterpreted. Anita could not *see* Ron. Now she only spoke to him on the telephone.

Still her parents were worried and angry. They resented her disobedience to the spirit if not the letter of their wishes. Why was she even speaking to him? Why was she still so interested in him? Though there was no evidence for it, the Fosters felt that Anita's school work was suffering; thinking she might be unwell they took her to the family doctor. He said she was fine.

When the Fosters told Anita she could speak with Ron only before 9:00 P.M. she began secretly to defy them. She would go to bed early and come down later, after they were asleep, to call Ron. This was when Mrs. Foster began to listen in on the extension. Feeling robbed of her privacy, as well as her liberty, Anita began, at first quietly, then defiantly, to sneak out of the house, to tell her parents she was going shopping or to slumber parties when actually she was meeting Ron. Caught in one lie, restricted to the house for a week, Anita submitted; caught in another, restricted for two more weeks, she ran.

As they tell the story of their estrangement, the Fosters seem to unbend. I feel along with the self-justification and self-righteousness a kind of comraderie. All of the Fosters seem to take a certain pride in presenting an accurate history of Anita's actions and Mr. and Mrs. Fosters' reactions, as if they were building a table or a boat together. And then, too, I hear, as they near the end of the story, anguish in the parents' voices, uncertainty and questions. How have we gotten to this place? Why have we done this to her

and ourselves? We have tried so hard all our lives to live up to what we were taught, to bring up our kids right, to make sure they had what we didn't.

I begin to relax, to ask the older Fosters about their parents. As they tell me, I try to feel what it was like to grow up a shopkeeper's son and a laborer's daughter in a small southern town, to go to a fundamentalist church three times a week, to live in a tight ordered world and then to leave that world. Captain Foster recalls the giant, almost inconceivable step to college and officer's training, the strange challenging ways of Northerners and the thousand pieces of painfully accumulated evidence that led him increasingly to disbelieve their "liberalism." And Mrs. Foster tells me about being a secretary and a housewife. She is shrewd and frugal about groceries, efficient at work; but she's uncomfortable and out of place at her children's schools, at the cocktail parties of always new neighbors. Anita and her brother listen quietly, respectfully.

Now I feel closer to the Fosters. I try to talk to them about what I have seen and felt in the room: how overwhelming Captain Foster can be; how sometimes he seems more intent on winning arguments with Anita than on helping her or hearing her; how incomprehensible Mrs. Foster sometimes is, seeming at once detached and intrusive; how sad it is that the whole family can shift from equilibrium and understanding to such p inful estrangement.

The tableau dissolves, re-forms, deepens. Captain Foster speaks more confidentially, more hesitantly. He has always taught his children to think for themselves, to be independent, to take the consequences of their actions. He has taught them that all people were to be judged not by class or color, but for who they are. Anita, he agrees, is putting his principles to the test, and perhaps he is failing. And then Mrs. Foster speaks. Of course, Anita should decide what she wants to do. It is wrong of her to intrude so on her privacy. Still they were at their wits' end; there seemed to be no way for them to reach, to touch Anita. They both do love her. Anita leans forward, almost crying now. The tenseness ebbs away. I feel an almost palpable tenderness in the room. Anita is her parents' child. They have helped her to become as principled, as decent, as nice as she is. They are not bad people. The moment passes.

Captain Foster straightens as if he has touched fire. Mrs. Foster begins to question Anita: What has she done with her glasses? Aren't her clothes getting dirty? Wasn't she supposed to see the doctor? Her voice is a sugary coat of a bitter message: You are not capable of taking care of those things, Anita; not capable of being on your own. You need me. Anita protests, for a moment, then subsides, hangs her head and agrees. She *has* been irresponsible. Perhaps she isn't capable. Captain Foster speaks—pontificates—of discipline and self-reliance. Anita shrinks down into her chair, away from his words.

They are back where they were, pressured by Captain Foster's departure; the parents dominating, Anita evading. There is not time to work all this out. Anita must decide whether to go with her family, to give up and submit; or to remain, on her own, struggling to find a new place to live and money to

live on. If she decides to stay she will do so against her mother's imprecations and her father's logic.

Whether she stays or goes, Anita will have to live with the baffling contradictoriness she has discovered in her parents and in her own desires. All people are, they taught her, God's children, equals; but, they now remind her, you are not to marry one of the colored ones. And more subtly: You are free to do what you want as long as it is what we, your parents, want. If you do not do what, if you are not who we want, then perhaps you are not our daughter. Nor can she escape the contradictions between her parents' voices: You are to be strong and independent, says the voice of her father; and then her mother's voice, correcting, undercutting: You are also dangerously weak and needy. And within each of their messages there are further contradictions: "You can try to get along without us," her parents say at the end of our session, permission edged with challenge. "If you can't make it you can come home. We won't say—and then they do say it—'We told you so.'" All of these voices, these messages, are alive, contending in Anita.

* * * *

In a society so obsessed with private property and consumerism, it is not surprising that children are often treated like objects. Many parents view their child's running away as an inexplicable and unnatural aberration: It is as if a television set were suddenly to wander off. There is no reason, so many parents say, no reason for her to leave home. When "she" tries to tell them "the reason," they ignore her or drown out her words, denying that their child may have actually chosen to leave. Still, it seems that blame must be placed. The child, they say—desperately trying to deal with, to define and therefore reestablish control over the situation—must be "bad," a delinquent, or "sick," mentally ill. Either that or it is someone else's fault—evil friends, Blacks, hippies, drugs, sex, Runaway House. My child did not, could not choose to leave.

All too often the ideology and actions of the psychiatric and law enforcement establishment confirm rather than broaden this perspective. If a psychiatrist, psychologist or social worker labels a child as sick then, no matter how much the professional may speak of family problems or of social and environmental influences, the young person's aberrations and point of view need not be taken seriously. She is mentally ill, irrational and therefore incompetent to have a valid opinion about her situation.

Recently two of the young people, aged 12 and 14 who have come to Runaway House have borne diagnoses of "epilepsy." There was no organic evidence to confirm the diagnosis—no abnormal brain waves or other neurological findings. One had periods when under stress she would stare into space; the other growing angry would fall crying and thrashing to the floor. Instead of trying to understand and interpret their behavior as inarticulate protests against confused and threatening situations, the doctors diagnosed and treated these girls, with anti-epileptic and tranquillizing drugs—with no change in the frequency of the "fits." The children and their behavior, not

the family situation or school or community, were declared to be sick and in need of treatment.

This kind of medical defining and prescribing can directly influence and dangerously distort family relationships, transforming children into patients. One runaway's father justified his indifference to his daughter's demands for his attention, to her desire for family counseling, by citing the opinion of the psychiatrist who had committed her to a State Hospital. "You are," he said to her with infuriatingly sweet reasonableness, "a paranoid schizophrenic. But that's all right. My real Diana is hidden inside of you."

The legal power which parents and society may exercise over people under 18 has even more complex and destructive ramifications. It is absurdly easy for parents to sign a "beyond control" petition for their child, to transfer domestic arguments to a legal arena in which the child stands accused; to a system in which there is often no appeal from confinement. The child is discovered, often after superficial investigation to be "the problem." Put him away, says the law—in the detention center, reform school or jail. Even if he is not sent away, the court has passed its verdict on him—"beyond control," "in need of supervision," "incorrigible."

Now the court is "responsible." It is the duty of its officers to subject every item of his behavior to the closest scrutiny. One judge, undoubtedly feeling it was his duty as well as his right, recently issued a court order forcing a 17-year-old to go to school. Should the young man, wearily struggling with his foster parents, his academic deficiencies and his outrage at being treated like a baby, miss a day of school—it's off to the detention center. Should his foster parents, people he has come to trust and love, not report his absence from school, they may be hauled into court.

This legal structure permeates and perverts even the services which it provides for young people. How can judges be fair if they feel compelled to impose strictures that have social and moral, not legal, sanction? How can the decent people who work for the Youth Division of the Bureau of Missing Persons help runaways, if they are constrained by law to arrest them? How can the kids trust the probation officers the court assigns to counsel them if these probation officers have both the power, and at times the obligation, to revoke their freedom; and how can the probation officers trust kids who do not trust them?

In this morass of moralism, paternalism and legalism, Runaway House—like sister projects around the country—must constantly struggle to keep a firm footing; to survive and change the system without withdrawing support from the young people. As our community grows more experienced and stronger, we have become able to reach out to those—police, probation officers, mental health professionals, judges—whose positions involve them with and given them power over the young. We have begun to tell them who we are and how we work, to understand who they are and what they do. Perhaps together we will be able to loosen the social and legal bonds, the anxieties and attitudes that constrain and oppress all of our children and all of us.

working with runaways and their families:
How the SAJA Community Does It

THE ORIGINS OF FAMILY COUNSELING

During my first months at Runaway House, I was impressed by the skill and sympathy with which the counselors (none of whom had had any formal psychological or social-work training) worked with individual young people, the ease with which they accepted and dealt with a good deal of mischievous and confusing behavior, their calm in the face of almost continuous anxiety and occasional suicidal desperation. They seemed almost always to strike a nice balance between tender indulgence and humorous toughness, between granting freedom and respect to the runaways, and confronting them with the need to "look at the options" they would face when they left the House.

In contrast, the counselors were much less comfortable and capable in dealing with the runaways' family situations. In part, this was due to the number of runaways, the immediacy of their problems, and the air of crisis they brought with them. In part, it was due to the counselors' attitudes and to the perspective which came from living and working collectively in a runaway house. In some ways the counselors were themselves runaways—refugees from, and protestants against, a social order that pushed them toward constricting careers and marriage and a political system that was hierarchical, racist, sexist, and imperialist.

What they saw of the world that sought to re-engross the young people seemed only to confirm their sympathies and their fears: on the phones and at the door of Runaway House, they encountered parents, police, probation officers, and mental health professionals who seemed bent only on coercing young people out of their independence, cajoling them out of the objections that led them to leave home. It was terribly hard for counselors to live with and support the struggles of the young people and understand, much less sympathize with, their apparent oppressors, to be committing themselves

to a new kind of social order, and yet to yield up to the old the children who had fled it.

The relatively few family conferences they held did little to change the counselors' minds. Some parents were genuinely concerned, responsive, and self-critical. But many seemed both unreasonable and perversely inflexible. There seemed no way that the runaway could return home without completely capitulating, no way the parents would accept any responsibility for the schism between themselves and their children. The volume of arguments was deafening, the density of their elaboration mystifying. In order to make some progress, to clear some space so that a runaway could go home, the counselors tried to get the family to deal with particular behaviors, to reach small compromises: If John kept an 11 o'clock curfew, he could let his hair grow down to his collar. And with depressing regularity, the counselors saw these compromises break down or prove insufficient.

Some parents kept their children in a continual bind. Young people who returned over and over to Runaway House were given no room to compromise at home but were not permitted to be placed in one of the group foster homes. Others returned home, promising and promised a "new leaf," only to be locked up in mental institutions or sent to training schools.

The more we talked about "families," the more sensitive the counselors became to the inadequacy of their work with them. They tried to remedy the situation by referring families to mental health clinics and private practitioners, but returning runaways reported that family therapy rarely took place. The young people were put off by long waiting lists and intimidated by the forms and the formal trappings of professionals. Too often "therapy" seemed to perpetuate, not relieve, the runaway's difficulties; even though the family as a whole was sent, it was the young person who had to take the psychological tests, who was labeled as "the problem," who seemed to have to "answer for" his or her actions. Often the therapist would see the runaway without the parents, sometimes the parents without the young person. But even in joint sessions, many runaways felt put upon, "accused" by professionals who seemed to share their parents' point of view as well as their power.

THE FAMILY SEMINAR

In January of 1972 I helped start what has become "the family seminar." It was formed in response to the needs of the runaways and their families in order to supplement the energies, perspective, and training of the Runaway House counselors and to provide a place where people interested in counseling could be helpful to others while they learned. About half the original members were workers at Runaway House and the other SAJA projects. The others included half a dozen people who have subsequently entered graduate school in psychology and social work, a former psychiatric social worker, and a professor of social psychology. Aside from me, only the psychiatric social worker had had any formal training in psychotherapy or family therapy.

I was at once excited about, and wary of, helping to start the family seminar. It was one thing to be a researcher and a consultant to an ongoing project like Runaway House, quite another to help initiate a whole new program. I trusted the ability of the SAJA counselors in their own projects but wondered how they and those who did not work in SAJA would perform in this new, more self-consciously "therapeutic" setting. I felt confident in helping SAJA's projects work collectively but was as yet unsure of my own ability to be part of a collective process. I wondered if I would be able to share my knowledge without dominating discussions, to accept the opinions of, and share responsibility with, people who were much less experienced than I.

We began by talking about why we had each joined the seminar: my desire to help Runaway House provide a service, and to teach; the social worker's disillusionment with more traditional therapeutic situations; the counselors' need for skills; the psychologist's and the students' impatience with the arid and self-conscious professionalism, the numbers and tests of academia. All of us, it turned out, wanted to work cooperatively.

There seemed in our first meetings to be a groping honesty in what we said to one another, an attentiveness in the listening. The people who came were serious about the work they were about to begin, open and self-critical about their motives. We were all together by choice, out of interest in the work and in working together, not because it was required or because it was supposed to be "good for us."

These first few exploratory meetings helped give form to my own attitude toward the seminar and to my role in it. My growing respect for the potential family counselors strengthened my belief that the practice of counseling was not mysterious, that it could in time be learned by people who lacked both advanced degrees and extensive formal training or book learning. I had seen Runaway House counselors work well with young people; surely the people in the seminar could learn to work with their families. SAJA and Runaway House provided a supportive context for the counselors in their work with young people; perhaps the seminar could provide a similar context for family counselors.

As an experienced therapist, I could help the counselors realize that they were capable of seeing and understanding and feeling what went on with a family. I wanted to help them to be more sensitive to their own experience, rather than to force them to fit their observations into any predetermined pattern. In time I would be able to help them to generalize . . . from their own experience; later on they could learn the patterns that others had found.[1] What I wanted to teach in the beginning was an attitude, a perspective that required openness and intelligence, not formal knowledge: an insistence on allowing the family to reveal itself, to unfold its world in one's presence; a respect for that world; and a continuous and honest attentiveness to one's own reactions to that world and to the people in it.

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[1]See bibliography at end.

The form of the seminar was not unlike other more traditional supervisory groups, but its cooperative and participatory spirit seemed different. We tried from the beginning to share the responsibilities of organization and planning, to decide among us who would do what work and why. Supervision was by the group as a whole, not by me or the social worker. Differences in experience were acknowledged and appreciated, but everyone's opinion was valued. Each person had his or her own potentially enriching perspective. All decisions about membership in the seminar, assignment of families, readings, coordination of activities, fees, and participation in the work of the Runaway House were made in the seminar and by consensus.

The first months of our work with families were chaotic. Most seminar members, like the Runaway House counselors, were confused, angered, and depressed by their initial meetings with families. How, they asked, in a variety of ways, can I make sense of everything that is going on: the multiple and contradictory versions of a single episode, the bizarre mixtures of hurtfulness and caring with which family members treat one another, the shouting and crying, the shifting alliances.

Some seminar members tried, according to personal inclinations and previous reading, to fit families to the Procrustean bed of highly elaborated "systems" theories or to fix the psychodynamics of each individual family member. Some, opening themselves to the family, felt overwhelmed or infested by their emotions. Others retreated into a silence that was meant to protect them. Still others could see the family only through ideological lenses; they focused almost exclusively on the prison-like cruelty and hypocrisy of the nuclear family, on its degrading sexism.

We struggled in these early months to see both individuals and family, to feel the oppressiveness of the parents' conventional attitudes without dismissing the humanity of those who voiced these attitudes. Over and over we returned from flights of speculation about family dynamics and psychodynamics—our equivalent, I once fantasied, to the family's rules and recriminations—to the experience of being with a particular family. Slowly we tried to piece together the details of family history and of communication in sessions, to help the counselors understand the part they played in the family's life.

Again and again, family counselors came to the seminar overwhelmed by the air of crisis that seemed to pervade the act of running away, by the jeopardy to the child if reconciliation were impossible—the threats of permanent separation, the sanctions that angry parents and an insensitive penal system might bring to bear. Over and over we had to slow the counselors down, to help them to disentangle themselves from the web of family concerns, to help them work backward toward registering these concerns without becoming ensnared by them. Only then could the counselors return them, clarified, to the family. Counselors, as well as parents and children, had to come to see the act of running away as an intelligible event in the life of the

whole family, not an objectified and isolated happening, a crime or a catastrophe or an aberration.

THE FAMILIES WE HAVE WORKED WITH

As the Runaway House counselors became increasingly conscious of the possibility of seeing and understanding the runaway child in the context of his or her family, as the seminar was able to provide people to work with them, we discovered large numbers of families who were open to working with us.

During the year before the family seminar began, counselors at Runaway House had met with approximately 15 to 20 families, usually for only one session. During the first year of the seminar, counselors from the seminar, working in pairs, saw 42 families. In the second year we saw 82 families: 23 for one session, 44 for two to six sessions, and 15 for more than six sessions.

About half of these families had had some kind of previous counseling. Many had gone voluntarily to see ministers and school guidance counselors as well as social workers, psychologists and psychiatrists. Others, mostly poor and black, had been ordered by courts to do so. Those who had had previous therapy had generally found it unhelpful, trivial, insulting, or somehow "not quite the right thing."

Young people wanted to work with us because they saw the counselors—in contrast to therapists and adults in general—as supportive of their struggles to be heard and respected in their families. Most of their parents were more wary. They agreed to work with us because their children, who had almost unanimously disliked previous therapists, wanted to and because they saw counseling as one, if not the only, way to try to get their child back home.

Generally the young person's Runaway House counselor was present at the first or first few sessions. The Runaway House counselor was there for support in what was often a frightening confrontation at a time when it was easy for the young person either to close off completely from her or his parents or reenmesh herself or himself hopelessly in repetitive and futile arguments. The counselor has been able to provide both support for the runaway's perspective and ballast during the often stormy initial meetings. After the first few sessions, the Runaway House counselor generally stops coming. By then the young person, as well as the family as a whole, is accustomed to the family counselors and their perspective on "family problems."

Sessions are usually held at nearby churches rather than at the Runaway House: young people frequently experience their parents' presence in Runaway House as an intrusion and their parents often find the House—with its confusion, shabby furniture, and grafitti-covered walls—to be a disquieting reminder of a youth culture that angers and frightens them. Not infrequently, sessions are held in a family's home. These visits are helpful in understanding how a family's home life feels; in some cases—because of lack of transporta-

tion or money or a family's fears of coming into the city—they provide the only possible ground on which counseling can proceed.

Sessions have no time limit or specified frequency. Most often the first few sessions last for two or three hours, later ones for from one to two hours. They generally occur once a week but may be more frequent in times of crisis or less frequent if either counselors or family want it that way. Some families stop and start counseling several times. Sometimes one group of family members will come, sometimes another. The counselors make no rigid rules about who is to come or how often or for how long. Counseling continues for as long as the family—and the counselors—find it worthwhile. Families who wish to pay are asked for a small donation to Runaway House; others are not solicited for a fee. All of these matters are open to discussion, to question.

Over the first year-and-a-half we evolved an outline of a "way-of-looking-at-family sessions" that reflected an attitude toward family counseling and a procedure for facilitating and understanding the counselor's relationship with the family. The language and style of this "way" (which is presented, condensed, in the following paragraphs) are informal, intended to mirror an evolution of understanding based on shared experience rather than a guiding—or limiting—theory.

The counselors begin by identifying themselves as members of an ongoing seminar in family counseling, paraprofessionals with experience of young people who have run away and of their families. They thus state without exaggeration or self-deprecation their real experience and qualifications. They note that the family has come together for the session but that they are committed neither to reuniting child with parents nor to separation; family members must make these decisions. The counselors are there to learn about, and then help the family understand, what is happening.

The counselors then ask, "What is going on?" and listen to what the family says and how the various members say it. Who speaks? Who responds? Amplifies? Contradicts? To which family member is what said? Who speaks to which counselor?

Almost always this discussion focuses on why the young people have run from home. It is filled with confusion, questions, anger, incomprehension, sadness, and often with a feeling of futility. In addition to seeing and hearing, to finding patterns of behavior and interaction, the counselors try to feel what it is like to be in the room with this family—participant-observers in, and of their world—what thoughts, emotions, and impulses are aroused in the counselors themselves.

After the family has played out or reproduced its current situation, the counselors may (a) ask more questions about it or (b) point out the patterns of relating they have seen or (c) reveal the feelings it has aroused in them or (d) try to get more sense of how the present episode of running away, with its attendant causes and repercussions, fits into the history of the family. Whichever of these approaches the counselors choose depends on and alters the re-

lationship developing between them and the family, as well as on the family's situation itself. None is necessarily "right," but all tend to help family members find a broader context for this particular episode of running away.

Throughout the first and subsequent sessions, the counselors try at once to understand and be helpful to the family. They have become a part of the situation, people who can help plan for temporary placements, who may offer to meet with probation officers or make medical referrals, but they also must try to understand how the concrete help they give alters the situation and the family's attitude toward the counseling. They must take seriously the episode of running away and its meaning to each of the family members and be willing to discuss and plan the details of a runaway's placement. At the same time, they must be able to share and interpret the feelings of frustration that arise when a family or some of its members becomes fixated on the fact of running away, when parents use their anxieties about the runaway's safety—or conversely, when the runaway flaunts his or her vulnerability—to prevent placement.

As counselors and family members grow more relaxed with one another, the counselors may find it helpful to share their own feelings with the family. Discussions between counselors, or among counselors and family, about difficulties or anxieties encountered, may provide family members with examples of open dialogue as well as reflections of their behavior. The counselors' continual struggle for clarity about what they are doing in the sessions, their willingness to "risk" being less than sure can provide reference points and models for the family's own growth. At the same time, the counselors try to remember that the family—and each of its members—must make its own decisions and choices, even if those choices are to refuse to participate or to change.

The examples that follow illustrate the range of young people and their families whom we have seen, the kinds of problems they present, the extent, but not the details, of our contact with them, and the way the young people have made use of the SAJA community.

Sally

In her first two days at the House, Sally seemed restrained and quiet. While other young people went off to Georgetown to "truck around" or panhandle, she stayed close to the House. She came in long before the 12 o'clock curfew but stayed up much later, curled on the living room sofa, "thinking about things."

Only when she had tested the counselors in many ways—refusing to give her last name, checking carefully with other young people to see if their confidences had been betrayed—only when she was sure they would not tell her parents, was she able to confide in them. She thought she was pregnant. Neither she nor her boyfriend had "used anything"; her period, ordinarily regular, had been absent for the last two months.

A Runaway House counselor took her to the Free Clinic for a pregnancy test; and when it proved positive, they discussed her "options" with her.

Sally wanted the baby. What scared her was what her parents would think and do. She explained that they were very strict in their morals and behavior. Her father owned a hardware store in a rural Maryland town; her mother was preoccupied with raising seven children, of whom Sally was the second oldest. Her parents thought of her—scrubbed and pretty and polite—as a "good girl." She had always done well in school. Now as a junior, she played on the girls' basketball team, was a member of the Pep Club. She worried that her parents would be "shocked," that they would throw her out of the house. Certainly they would be ashamed of her condition. Still, she wasn't ready to leave home or marry and was herself shocked by the idea of an abortion.

After a few days she decided to call her parents; at her Runaway House counselor's suggestion, she asked them to come to a meeting with two family counselors.

For half an hour the counselors listened while Sally, who sat far away from her parents, next to and even a little behind her Runaway House counselor, evaded her parents' baffled questions. What had they done, they wondered. "Nothing," she answered.

With a final pleading look at her counselor, Sally told her parents about the pregnancy. At first her mother was frantic—hurt and surprised and angry. Why had Sally done this to them. Why hadn't she told them? Her father shook his head, his mouth tight. Sally cried softly and was defiant. It didn't sound to her, she said, "like you care about the baby. If you don't want me or my baby. . . ."

Sally's older sister scolded, but her younger brother and sister were pleased. It would be "nice," they said, "to have a baby in the house." Then everyone was talking at once, crying, arguing, pleading. The counselors had the sense of the whole family assimilating the fact of their daughter's pregnancy, of question and answer and argument as prelude to reconciliation.

When the counselors asked Sally, at the end of two hours, where she was going to go, her mother answered for her, "You're still my daughter. You come home if you want." Sally asked if they could have another family session "in case things don't work out so well." Her parents agreed but wondered if it could be somewhere closer to home. They felt uneasy in Washington, "out of our element," and bewildered by the traffic. The counselors agreed to meet them a week later at a suburban church half way between the District and their home.

In the second session Sally sat between her younger brother and sister. They joked among themselves until her mother spoke. "We're all relieved," she began, "that Sally is home where we can look after her." Sally nodded her head and agreed. It was good to be home. Sally and her parents expressed pleasure that the counselors had agreed to meet them "half way."

The counselors commented on the unity and good feeling that seemed to have evolved in the last week. How did the father feel now about Sally's

pregnancy? Why did they all suppose Sally was so worried about their reaction?

They answered indirectly, not looking at the counselors but at one another. Mr. Latham guessed that Sally knew how concerned he was about the neighbors and how his daughter's pregnancy would affect his standing in town. He had worked so hard to get where he was, remembered so vividly being looked down upon by "the better people." He smiled at his own desire to be socially acceptable. "We'll do all right," he concluded. "We'll stick together." Mother recalled with a blush that it was not unusual for the women in her family to become pregnant before marriage. It had happened to Sally's aunt, to a grandmother, and to several cousins. "Those children—and to tell the truth," laughing again, "I was one of them—seem to have turned out all right." At the end of the session, the Lathams agreed that they wouldn't need more counseling, but both Sally and her mother asked for the phone number, "just in case."

Two months later Sally called to say "hello" and to tell her counselors that things at home were "fine." She was out of school for a while, working in the store, helping out with her brothers and sisters. She planned with her parents' approval—"They kind of like the idea of having a grandchild"—to keep the baby at home; after "a year or two" she would go back to school. Since then there has been no word from Sally or her parents; as far as we know, no other episodes of running away have occurred.

Rick

Rick came to Runaway House at 17, a gangly, blond boy who seemed always to be inserting himself in the middle of things: interrupting conversations, shouting at meetings, reaching for food on other people's plates. He spoke to the Runaway House counselors of voices that told him to leave home and find "a new direction" and of hospitalizations for "schizophrenia." About a week before he left home he had stopped going to school, had lain on the living room couch, watching television. His parents, a "middle-manager" and a government secretary, were about to call the hospital when he left.

For a week Rick refused to contact his parents. He floated from Runaway House to Other House to the job co-op. He engaged dozens of people in conversations, worked a few hours to make pocket money, had sexual experiences with men and women whom he met on the street.

Rick explained to his Runaway House counselor that his older brother was a "mental patient," that his parents thought he too was "crazy." The Thomases were convinced that both of their sons had some biochemical abnormality and insisted that both of them eat special diets and take large doses of vitamins. Rick "didn't know if [he] was crazy or not," but he was pretty sure that being at home made him feel worse. He thought that if the counselors met his parents they would understand why.

After ten days, Rick's Runaway House counselor and two family counselors met with him, his brother, and his parents. The Thomases were attractive, bright, and engaging, relentlessly reasonable even in the face of both their sons' obvious distress. Rick spoke at confused length about needing to leave home, to keep his mind "from being destroyed." Howard, two years older, mumbled darkly about the disharmony between vibrations from the television set and those from the air conditioning.

Sitting side by side, Mr. and Mrs. Thomas smiled at their sons. They discoursed at good-natured length about hypoglycemia and vitamin deficiencies. When one of the counselors protested against this medical definition of their sons' problems, they produced copies of scholarly papers to substantiate their points. Family counseling, they maintained, was "a useless way to approach a biochemical problem." Still they agreed to come to a second session.

Rick came to the second meeting reluctantly, resentfully. He had been "doing his own thing," and was terrified lest his parents "kill" him by convincing him to come home. During the session he said that he wanted to be "somewhere else," but he was not sure where. He claimed that his parents never listened to him. When they insisted that they did, he became incoherently furious. While Rick shouted, harangued, and giggled, his parents smiled patiently. The counselors pointed out the impasse between Rick and his parents, the way that both incoherent protest and determined "understanding" foiled communication.

Rick began again. He felt good being at Runaway House. He knew some of the people didn't like some of the things he did, but at least they said so. He had to admit he liked them even when they got mad. At least he knew where they were at. Still he knew he couldn't stay much longer at Runaway House and doubted that he wanted to live in any of the group foster homes—"too many people, too many hassles, too intense. I have to move on, to be myself." Rick's parents repeated that he needed psychiatric treatment. "After all," they said to the counselors, as if reasonable people could not disagree, "Rick is acting strange—even his talk about moving on is clearly unrealistic, fantasy-laden."

At the end of the session the counselors pointed out the mutual exclusiveness of Rick's point of view and his parents': Rick saw their "treatment" as murderous; they saw his refusal to accede to it as evidence that he needed treatment. Still, a decision had to be made.

Rick took up the challenge. Over the next week, while his parents gathered medical evidence, he contacted an aunt on the West Coast. He remembered her as "sympathetic," her farm as a place where he could "fit in," one where he could just be alone for long hours each day. If she was willing to have him, he would go there for the summer.

At the third session Mr. and Mrs. Thomas tried to argue him out of it. They said they trusted Rick's aunt but were concerned because she didn't "know about psychiatric problems," wouldn't keep him on his diet. Finally, reluctantly, they agreed to let him try.

Four months later the Runaway House counselors received a post card from Rick. Things were fine out West. His parents had visited him and were going to let him stay to finish high school. "No diet!" he concluded, "No vitamins!"

Ellen

Ellen Miller had a soft, pale face, green eyes that moved quickly around the room, then rested on you. When you were with her, she seemed to search your words as if looking for some meaning deeper than speech.

The counselors at Runaway House liked Ellen but were impatient with her and puzzled by her. She insisted that she wanted to leave home, that she couldn't stand it there, but almost every day she returned to confront her mother's stony silence, her father's cruel taunts about her clothes and her friends. And Ellen seemed to make it harder too, as if she were ensuring her parent's rejection. She arrived home at 9:00 p.m. when she said she would be there for dinner; she couldn't refrain from questioning her parents about their prejudices against blacks and drugs and hippies. It appeared to the counselors that she wanted her parents to love her even as she acted to make them angry. She seemed to need their approval for a decision to leave home that she knew they opposed.

Ellen told the family counselor whom the Runaway House counselors called in for consultation that three years before she had been committed to a psychiatric hospital. She had been staying out late at night, smoking marijuana, hanging around with young people whom her parents considered "undesirable." Her behavior "embarrassed" her father, an Army non-commissioned officer; he had her declared "beyond control" and committed. In the hospital where she was confined for nine months, Ellen was diagnosed as having "an acting-out disorder of adolescence."

Two years later, after a year at home, endless battles with her parents, and arrests for loitering, truancy, and drug use, another psychiatrist revised Ellen's diagnosis. Just prior to her second hospitalization, he found loose associations, autistic preoccupations, auditory hallucinations—the signs and symtoms of schizophrenia. In the hospital, Ellen was forced to take large doses of tranquilizing drugs; to keep her from running away, she was restricted to the ward for long periods of time. Her parents came dutifully to family sessions that Ellen refused to attend; she did not trust the doctors who treated her with drugs that made it hard to think or even stay awake.

Out of the hospital again, Ellen returned to live with her parents. She felt she "had to get things straight" with them. She told her father that she felt bad about embarrassing him but insisted on knowing why he had put her away. She asked her parents, with an ingenuousness which must have shamed and infuriated them, if they had sacrificed her freedom to her father's job. She urged her mother and father to be more loving toward one another, to

try to look at people and things from her perspective, to understand, for example, that it was not really wrong for her to sleep with a boy she loved.

Arguments escalated. In between them, her parents were cold and silent. Ellen began to stay out late at night again. Once when she came home at 2:00 a.m. she was "interrogated all night" by her father. When she fell asleep in a chair, he threw water in her face. She ran to Runaway House, stayed for a few days, and then returned home. Another psychiatrist was called in. The diagnosis of schizophrenia was made once again, tranquilizers prescribed, hospitalization recommended. Ellen ran away. This time she asked the Runaway House counselors to find her another place to live.

While at Runaway House, Ellen visited the group foster homes, had dinner with the people who lived in them, hung around for awhile to get the feel of them. After a week, she decided she wanted to live in one. Before she could live there, before the county welfare agency would supply the money necessary for placement, she had to have her parents' approval. When, at the family counselor's suggestion, Ellen called her parents, they were at once annoyed at the inconvenience of a family session and pleased at her request.

Ellen's poor directions (she told her parents to come to St. Francis' rather than St. Dominic's Church) and her late arrival precipitated the argument that occupied the first hour of the session. The older Millers were stiff, unyielding, and self-righteous, "fed up" with their child, her "promises" and her "attitudes." Under the impact of their anger, Ellen became progressively more confused and tearful. She lost her words in mid-sentence, repeated herself, turned helplessly to her counselor.

"If Ellen cannot obey our rules," her father concluded, "and there is no reason to think that she will, she cannot come home." Ellen summoning her dignity, replied that she would not obey rules that seemed insulting and arbitrary.

When the family counselor observed that no compromise seemed possible, that, in effect, Ellen had not lived at home for three years and neither she nor her parents really wanted her home, all three of the Millers protested. It was "wrong," said Mr. and Mrs. Miller for a 16-year old to be away from home. Ellen admitted that she was afraid that if she left home she "wouldn't be their daughter."

The argument continued. The older Millers wanted Ellen to do the "right thing" by obeying them. Ellen wanted them to believe that the right thing for her was to leave. Everybody wanted to do the right thing, but Ellen and her parents disagreed irreconcilably about what the right thing was.

Every time the session seemed about to end, Ellen or her mother or father would begin the argument again. When the family counselor observed that their angry words seemed to be their last common bond, they all smiled. Yes, that was true, and they could agree on it too.

The family counselor stated the obvious: Ellen and her parents could not work things out in one session; at the present time living together seemed doomed to failure; changes in their relationship would undoubtedly take

time. Since none of them really wanted to live together, perhaps the change would be most likely to happen if they lived apart. He then asked Ellen and her parents to talk about where Ellen could go. When Ellen brought up the group foster home, the Runaway House counselor helped her describe it to her parents and offered to introduce the Millers to the counselors there and to help them with the court action that would necessarily precede Ellen's placement.

Mr. and Mrs. Miller agreed. The group foster home seemed like a better idea than another mental hospital. Certainly it was better than the constant fighting that took place at home.

After three weeks more at Runaway House, Ellen went to live in the group foster home. She lived there for a year before she moved out to her own apartment. Though she was sometimes anxious, bewildered, and unhappy, I never saw evidence of the "schizophrenia" for which she was about to be hospitalized. In the house she was something of a loner. Sometimes she stayed away for a few days at a time, but she told the counselors where she was. The other people in the house respected her independence though sometimes they teased her about her self-righteousness. At the house, she enjoyed the weekly house groups at which people talked over their individual, as well as communal problems.

Out of the house now, she is doing office work and organizing with a group that advocates for young people's rights. She is thinking of getting her high school equivalency diploma and of going to college to study psychology and sociology. She periodically visits her parents who are soon being transferred away from the Washington area. Recently her mother told her that her younger brother is becoming a "problem."

Benjy

When he first came to Runaway House almost two years ago, Benjy was 13, a slight, dark, tough-talking boy who "couldn't hack it any more at home." During the previous eight months he had often been truant from school. More recently he had run away from home three times—once for a weekend, twice for a single night—to friends' houses. Benjy hung out till late at night, smoked grass, took "downers." On weekends he came home long after his parents were asleep. Twice he had been arrested, once for possession of marijuana and once for shoplifting.

He told the Runaway House counselor that his father was a night watchman, a sick old man. His mother was a "boozer" who worked irregularly. His father nagged him to do well in school, to get ahead, to make friends. "Don't be like us," his parents constantly warned. Benjy's older brother, Dwight, had left school the year before. Now he hung around home and watched TV all day. When irritated, he slapped Benjy around, threatened darkly to "really work you over." His younger brother Maurie was "doing OK, I guess; nobody gets on him."

After a few days, Benjy went home to "give it another try." A month later he returned to Runaway House. He reported, less sure of himself now, that things had gotten worse at home. His father's health was declining. The nagging had increased. His parents fought continuously; the sound of their voices startled him awake in the middle of the night. Dwight had escalated his threats and teasing. The week before Benjy and a friend had broken into a house "just to fool around"; arrested, he had been menaced at training school, held overnight at a detention center.

The day after he arrived at Runaway House Benjy agreed to a family meeting: "Nothing else is working."

In the first few sessions Mrs. Levine alternately pleaded with Benjy to come home and threatened to have him locked up again. "A boy should be with his parents"; "How can you want to live with strangers?"; You can't be trusted outside of the house"; "You'll become a criminal"; "Your father is sick," his mother concluded, "and what do you do, you act like a bum." Mr. Levine was quiet and thoughtful. "Your education, Benjy" he said several times, "Your education is what worries me." Benjy sat hunched over in stubborn silence while his mother's words rained on him. At the end of the session he told his parents he couldn't live with them.

Slowly, irritably, the Levines became resigned to Benjy's living apart from them. They had to admit he was doing pretty well at Runaway House. He looked happier when they saw him at family sessions; he was going to a new school and making friends. Their anxiety and their sense of betrayal yielded slowly to their genuine concern for their son.

In his first weeks at Runaway House, Benjy rarely spoke with his parents outside of family sessions. Once he was accepted in Other House, however, he began to call them often. After a few months he was going home to visit on weekends. Away from the snare of their arguments and their expectations, he seemed able to express his affection and concern for them.

Initially the Levines had accepted family counseling because it might bring Benjy home; they looked forward to the sessions "because Benjy will be there." Within several months, however, they had come to depend on them. The counselors felt as if they were being "taken into the family." They were to be the children ("You're like a daughter to me." Mrs. Levine said to one of them in the fifth session) who could give the Levines the support and understanding that their biological offspring, struggling confusedly to be independent, could not.

Having people who listened to her, who appreciated her pain and cares, seemed important to Mrs. Levine. Instead of drowning her grievances in alcohol, she tried to save them up for family sessions. When she did drink, she would call up one of the family counselors. Mr. Levine became reflective. In one session he recalled that he himself had run away from home at 15, that after a month he had returned. "It was a mistake to go home," he said ruefully, "The biggest mistake of my life. I got in a rut and never got out."

With the counselors to "depend on," both of the Levines could loosen their anxious grip on their children.

After four months Benjy was placed as a foster child in a commune not far from Runaway House and Other House. He still lives there, more than a year later, with two men and two women in their twenties. He feels close to them, particularly to one of the men. One of the family counselors meets with Benjy and others in the commune and discusses whatever problems come up. Benjy is still in school and drops in at Runaway House occasionally.

The Levines have continued to come to family counseling sessions. For more than a year they had time and energy only to deal with the crises of health and economics that seemed every few weeks to beset them. Slowly the counselors have helped them to learn to "depend on" themselves and other people. During an exacerbation of Mr. Levine's illness, the family counselors encouraged Mrs. Levine to look to a few friends and relatives for support; together they and the children and the family counselors planned for Mr. Levine's convalescence. Instead of continually trying to "prove himself," to push himself beyond his endurance, Mr. Levine is struggling to make peace with his illness.

Now, in sessions, the Levines are embarked on the terribly difficult task of learning, perhaps for the first time, to see one another as "people," to find and appreciate the affection that has sustained them in the thirty-year quarrel of their marriage.

Meanwhile, Dwight, who has never come to sessions, seems to be summoning his own energies to leave the house; he has a girlfriend and has begun to look for work. With Benjy gone, the Levines sometimes turn the force of their aspiration on Maurie, the youngest. But now in sessions they are able to learn from his protests against their behavior, to smile sheepishly at the way they "expect so much," at how they "take things out on him."

CHANGING PERSPECTIVES

All our work with families is reviewed in weekly two-hour meetings of the seminar. In a typical session two counselors may "present" a new family, and several others may pose questions about their ongoing work with other families. In addition, meetings among three or four counselors to discuss particular families are arranged to deal with difficult or baffling situations. All of us try to be available in a crisis to help out with a family, to provide fresh perspectives and emotional support for the counselors. Sometimes this involves impromptu meetings or phone calls; occasionally, with a family's permission, a third counselor is invited as an "outside observer" to a family session. We often have the feeling with families who are seen over a period of time that all of us are counseling with them.

Our work together has slowly given rise to certain shared perspectives that in turn inform our ongoing counseling. The more we get to know the young people, the clearer it becomes that the physical act of running away is often

only the outward and visible manifestation of an inner withdrawal that has long been under way. Many young people, like Ellen and Benjy, spend gradually increasing amounts of time away from home before they finally "run away." Others disappear while they are physically present, "tune out," with or without drugs, while the activity of the house goes on around them. Many young people who eventually run away have spent the previous weeks or months sitting in their rooms stoned; tripping or down or speeding, they were already somewhere else. The Beatles' song is appropriate: "She's leaving home/After living alone/For so many years."

We have come to understand that running away is often a desperate assertion of selfhood on the part of a young person, the undeniable protest of an objectified child against familial constraints, attributions, and confusions. Like Sally, Ellen, and Benjy, many young people no longer can be, or wish to be, the "good" (sexless, conforming, hypocritical) child their parents seem to insist on. Others—Ellen and Rick and Benjy are all examples—resent being defined and treated as mentally ill or delinquent. In running away the young person is escaping as much from familial definition as he or she is from physical control. It is this definition that they describe and experience as murderous and prisonlike. Again and again the young people who come to Runaway House repeat the same phrases: "I couldn't be myself"; "They were killing me"; "They kept pushing me into a corner."

Running away ruptures the family circle. It denies, at least for a time, socially sanctioned definitions, the power of parents over children. The runaway is no longer the child-object-thing. He or she is active, a subject who leaves, who defines his or her own experience.

The act of running away communicates this subjectivity and independence in a powerful way. It is impossible for parents, even if they deny the importance and meaning of the behavior, not to know that their child is missing. Whether they accuse the child of betrayal, belabor themselves with guilt, or are secretly pleased, they feel the loss and uncertainty. The balance in the struggle between parents and child has shifted. Even if they may "wash their hands" of their children, the parents are, for the moment, helpless. Even though its confirmation may be only in their imagination, the young people have the feeling that their absence has rendered their parents helpless.

Sometimes, in the early sessions with the family, counselors are able to help the young person articulate the content of the protest that has been expressed in the running away, to help the parents and other siblings to hear its meaning. More often, they must begin by simply creating a safe place for the family to be together in all its mystified contrariness. Slowly the counselors try to help the family members find a common language of understanding in which habitual, often incoherent, quarrels can become mutually intelligible.

Sometimes, as with Ellen's family, formal counseling lasts for only one session, understanding for just a moment. We have learned to value that moment, as an example of the possibility of communication and closeness,

one that may later be referred to and enlarged upon. Sometimes, as with Rick's family, there is only the sharpening of conflict; here the session provides a safe place for disagreements, the opportunity to clarify them. The family discovers that impasses may be broken, that choices are possible, that differences do not necessarily spell disaster.

With increasing experience, counselors have grown more comfortable in sessions, more relaxed about the runaway's immediate situation and its relationship to the life of the family as a whole. Slowly we have begun to understand the particular episode of running away in the context of the family's history over many years and generations and of its economic and social situation.

In summing up our activities at the end of the seminar's second year, we noted that most of the families we had seen either were, or seemed, socially marginal. Many of the parents lacked both close friends and close ties to an extended family. They saw themselves as obedient to social norms rather than participants in creating them. With frightening consistency these parents tried to shape their children's lives to fit ideals and ideas that had haunted their own childhoods, to make them behave in accordance with the demands of a social world from which they themselves were isolated, one that often had treated them badly.

As we grew to understand that the parents' angry and confused imprecations were reflections of their own bewilderment and betrayal, that they often tried to order their own lives by controlling their children's, we found we could be less judgmental and more helpful to all the family members. The distance the child had run away from home turned out to be no greater than the alienation of the parents.

We had to understand that the Lathams' concern for Sally's "appearance" was shaped by pressures on them to be, and appear to be, "respectable." The Millers' angry preoccupation with the shameful and threatening aspects of Ellen's behavior—with what other people would do and say—made sense in the context of their vulnerable position as a low-rank Army couple, as part of the heritage of having grown up "white trash" in a rigid and judgmental Southern town. In order not to dismiss Mr. Levine's preoccupation with Benjy's education, we had to understand his own situation. He grew up virtually illiterate among Jews who valued education; he suffered from being a failure and desperately wanted his son not to be one. To understand the difference between his calm acceptance and his wife's agitation, we had to realize that he may have hoped that Benjy would stay away. He half suspected that the only way for his son to escape from a drowning family was to run from it, to take the step that he had not.

Concurrently, as trust developed among seminar members, we grew more able to discuss our own reactions to the family, to help one another with the anxieties that kept us from being open to, and helpful with, their concerns.

For one of the counselors to work effectively with Rick's family, she had to discuss, in the seminar, the weight of psychiatric authority in her own life: For several years she had been labeled and treated and locked up as mentally ill. Only when she could accept—not argue anxiously, as if her own fate were at stake—the Thomases' opinion about the biochemical basis of mental illness, could she help them to understand its place in their relationship with Rick. Her work was to help all of them to understand the consequences of their theories, not to prove them right or wrong. Before another counselor could work effectively with Ellen's family, he had to come to terms with his own anger at her father's rigidity, with the annoyance and confusion that her father's cold logic—reminding him of his own father's—called up in him.

Over the last two and a half years the seminar has become a kind of family. More than half the original members are still present; many of the others have been with us for as long as two years. At monthly dinners we speak about the future of our work, discuss readings that interest us, and share personal experiences. We celebrate holidays together with traditional foods, visit in each other's homes, are available to one another in personal, as well as work-related, crises.

At the same time, stimulated by our work with families, strengthened by the new family of the seminar, many of us have become more interested in our own biological families. Seminar members who haven't seen their parents in years have contacted them, visited their homes, and begun to reestablish continuity with a history they had denied or rejected.

The anxiety experienced in this effort has helped keep us from being judgmental about the struggles of runaways and their families. The pleasure of moments of closeness, the enrichment of recovering a piece of history or a feeling lost for many years, has made all of us more hopeful about eventual possibilities for reconciliation, about simply helping parents and children who cannot now be close to "keep an open mind" about one another. We share these experiences with each other and try to understand them together. In addition, we have made more formal attempts to understand our own families and their effects on us: Several people have "presented" their families to the seminar; others have brought relatives in to visit.

Our perspectives in the seminar are continuously shaped and amplified by the community in which we work. Much of what we are able to do with families is made possible by the facilities we have and by those we have improvised and created to fill the needs of the people we see. Runaway House and Other House provide continual support for all the young people I've described. They are separate places from which young people may draw strength in their dealings with their parents, where they may feel secure while they explore the alternatives for more permanent living situations.

The group foster homes and the foster-placement program offer viable alternatives to both parents and children for a more permanent placement. Their very existence makes unnecessary the extremes of "home on our (par-

ents') terms" or "you have to be locked up." Neither the runaways nor their families—nor, indeed the family counselors—need feel compelled to make decisions immediately or to "settle things once and for all."

The whole SAJA community and the neighborhood that surrounds it provides a matrix in which people like Rick and Ellen and Benjy and Sally can be sustained and supported while they work out plans for their future and their relationships with their family. What elsewhere is labeled and dismissed as sick or deviant or delinquent is accepted and dealt with here.

In recent months the seminar has broadened its concerns to include the "new families" that have been established by young people who have come to Runaway House and who have lived in Other House and the group foster homes. Seminar members have begun to work with the couples and the communes that they have formed, with the children they are beginning to bring up, as well as the foster families with whom they have been placed. We have also begun to reach out from SAJA to other groups in the communities that surround us. Some seminar members have been helping other runaway houses start family counseling programs. Others have worked with parents' groups in local schools. We have consulted with mental health clinics and probation departments that are concerned with their inability to "reach young people."

CONCLUSION

The creation of SAJA's family counseling program reflected both the failure of communities and traditional social service agencies to provide support and help to young people and their families and the success of Runaway House in dealing with those young people who had already left their homes. At the same time it represented a step in the evolution of the counter culture and its alternative services, a willingness to deal on a micro-social level with the kinds of problems that originally precipitated the development of the counter culture—denial of the rights of young people, fragmentation of communities, dehumanization of personal relations, generational conflict.

At its best the work that seminar members do represents a blending of the close, phenomenological analysis and introspective self-criticism of a therapeutic tradition and the interpersonal openness, political analysis, and structural flexibility of the counter culture.

The structure and philosophy of Runaway House and of SAJA—a functioning living and working community—give concrete support to runaway young people in times of crisis and transition and to their counselors as workers. The family seminar is part of that community, evolving with it and helping to shape its evolution. The non-hierarchical structure of the seminar, its openness to criticism and change, the trust and intimacy that have developed among its members all reflect both the growth of the larger SAJA community and are in turn reflected in the way individual counselors work with families.

Like the children who have fled to Runaway House, the families of runaways are accepted on their terms. In place of the condescending and categorizing attitudes with which mental health professionals often armor themselves, the family counselors try to remain open to, and respectful of, the uniqueness of each family, willing to work with them in whatever way makes mutual sense, self-critically sensitive to their own tendencies to judge.

In counseling sessions, they apply the lessons of ongoing seminar discussions, admitting to subjectivity, risking intimacy and vulnerability. In reaching out to people who are often isolated and mystified in their communities, blindly trapped in the net of their family relationships, the family counselors transmit both the hope that fills their own community and its model for change.

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Over the last two and one-half years seminar members have read a number of books and articles relating to understanding and working with families. Some of these have been discussed in meetings; others simply form a base of knowledge and shared understanding on which we draw in our work with families.

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runaways:
Changing Perspectives and New Challenges

The percentage of teenagers who run from their homes is the same in 1977 as it was in 1969,[1] but the situations that these one-half to three-quarters of a million young people run from seem to be more desperate and the world they face once they've left home seems to be far less inviting than when I first began my work at Runaway House.

A declining economic situation and an increasingly fragmenting family life (one-sixth of all children now live in single-parent families) have put parents under a financial and emotional strain which they often transmit quite directly to their teenage children. The percentage of runaways from homes with an unemployed head of household is, for example, twice as high as from homes where a parent is working.[2] Increasing numbers of young people feel they have been "pushed out" of their homes and as many as 30 percent of them report serious incidents of violence directed toward them by their parents.[3] At the same time, the counterculture which once attracted—fed and housed, protected and supported—so many young people has faded. There is no national movement to give the young who leave their homes purpose or direction, and opportunities for jobs and independent living have been foreclosed.

Though problems at home and on the run are common to all young people, they are intensified for young women and third-world young people. In the last few years, withdrawal of federally funded poverty programs and the disastrous economic situation in the cities' ghettos have combined to extrude many young people from their communities. Several years ago, a teenage black who could not live with his parents might have been able to seek counseling at a storefront poverty center or to stay with an aunt or grandmother in the neighborhood. Today the storefronts are closed and neither aunt nor grandmother can afford to feed and house another person. Nor can the young people make or pay their own way: More than 40 percent of them are unemployed.

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[1] See Ambrosino 1969; U.S. House of Representatives, Hearings on H.R. 6265 and H.R. 9298, 1974; and National Statistical Survey on Runaway Youth, 1976.

[2] National Statistical Survey, op. cit.

[3] Ibid.

In the last few years, these young people have had to come out of ghettos to seek help elsewhere, and this exodus has been reflected in the statistics of many runaway centers. Urban runaway houses which once saw no more than 10 to 15 percent third-world youth are now working with a population that is more than 50 percent third world, with a group of young people whose handicaps—material, educational, and vocational—are enormous.[4]

At the same time that the women's movement is helping them to understand the value of being themselves and of developing a social and sexual identity apart from any particular man, young women are confronting an economic situation that threatens to frustrate their ambitions and desires and parents who are made uneasy by them. Increasingly, they are responding to these contradictions by running away from home: Though only 41 percent of all runaways are female,[5] they make up approximately 60 percent of those who come to runaway centers.[6]

Having run, they are under the most intense physical, economic, and emotional pressure to submit to men. The staggering number of runaways who have been raped (as many as two-thirds of the young women who come to some urban runaway houses)[7] is the most obvious sign of their exploitation and vulnerability; the increase in youthful prostitution, where the control and attention of pimps often seems to provide emotional as well as financial security is another; and the self-destructive relationships which so many young women form with men who promise to take care of them are less dramatic, but hardly less damaging.

In the 4 years since I first began to write about runaways, the older runaway centers have changed greatly. The National Institute of Mental Health, which in 1974 funded some 32 runaway centers, was instrumental in this process.[8] Its financial support provided many programs with a bridge between reaction to continuing crisis—both economic and human— and more carefully reasoned and amply staffed service, training, and planning.

Like Washington, D.C.'s Runaway House, a number of other centers began to grow beyond counterculture roots to meet the changing and expanding needs of their clients and communities. Some created family counseling programs, foster-care services, and group foster homes. Others inaugurated neighborhood outreach programs that helped young people and their families to establish supportive networks in communities that are demoralized and fragmented.

More recently a few programs have begun to devote time and energy to helping young people develop counseling and administrative skills which they can use in other settings as they grow older; and others, particularly the urban runaway houses, have addressed themselves to the problems of young

[4] Annual Reports, Special Approaches in Juvenile Assistance 1972-1976.
[5] National Statistical Survey, op. cit.
[6] Aggregate Client Data 1976.
[7] Gordon and Houghton 1977.
[8] Ibid.

women and third-world young people: A higher proportion of third-world counselors was hired, and the cultural identities and economic needs of third-world young people were addressed; special programs for young women—formal and informal shelters, consciousness raising groups, workshops in sexuality—were tentatively begun.

With the passage of Title III of the Juvenile Justice and Delinquency Prevention Act, adequate monies became available to fund new as well as older programs for runaways. In 1975-76 some 66 programs were funded through HEW's Office of Youth Development; in 1976-77 an $8 million appropriation was distributed to 130 programs. Meanwhile, runaway centers are also receiving monies from the Law Enforcement Assistance Administration, from Title XX of the Social Security Act, and through local social-service agencies and charities.

Still, the unmet needs, particularly for long-term and outreach services, are great, and the obstacles remain overwhelming. Many counties and cities still prefer institutionalizing young people at exorbitant costs rather than placing them in community-based facilities. Instead of funding low-cost innovative foster-care programs, many jurisdictions still confine the young to households where they are simply a commodity. Opportunities for employment, particularly for black young people, are scarce, and funds to undertake job programs or pay the young for the work they do in runaway centers are hard to come by. All the changes that runaway houses have made are dwarfed by those they must make simply to keep abreast of their clients' needs.

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The recently completed essay that follows presents an overview of the present status of runaway centers. It is based on my experience as coordinator of NIMH's Runaway Youth Program and onsite visits and consultations with runaway centers around the country, as well as on my continued work with SAJA's Runaway House. Its conceptualization of runaway centers as emerging community mental health centers is congenial to someone trained as a mental health professional and to many runaway house workers. It is, of course, only one of a number of ways to look at the kinds of comprehensive services that runaway centers are beginning to offer.

the runaway center as community mental health center

INTRODUCTION

Community mental health centers were hailed in 1963 by President John F. Kennedy as a "bold new approach." Designed as an alternative to "large, impersonal, remote, primarily custodial institutions," the community mental health center was to provide a "flexible array of services that disrupt as little as possible the patient's social relations in his community."[1] In addition to the concerns of professionalization, training and manpower, two early shapers[2] of the community mental health center movement emphasized "community involvement and control . . . range of service . . . serving those who most need help . . . innovation . . . planning for problem groups that nobody wants . . . [and] variety, flexibility, and realism." Community mental health centers were to meet people's mental health needs in a respectful and responsive way, to help them live better in a better community.

Several years after the passage of the Community Mental Health Centers Act, and in the same climate of social activism, the first runaway house was founded by a minister in the Haight-Ashbury district of San Francisco.[3] It was named Huckleberry House after America's most famous runaway and was designed to provide—without stigma, labeling or constraint—temporary food, shelter, and counseling to some of the thousands of young people who flocked to the Haight during the 1967 "summer of love." Since 1967 approximately 200 additional runaway centers[4] have been opened. This year they will serve 50,000[5] young people and their families, in suburbs, small towns,

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Note: Many of the ideas expressed in this paper and the impetus to write it were the result of discussions with my colleague, Ms. Joan Houghton.

[1] Feldman and Goldstein 1971.

[2] Smith and Hobbs 1966.

[3] See Beggs 1969.

[4] See Gordon and Houghton 1977.

[5] See Aggregate Client Data 1976.

and ghettos as well as in the hip neighborhoods of large cities. These runaway centers regard themselves—and are regarded by their communities—as more or less permanent resources for the one-half to three-quarters of a million young people[6] who each year leave their homes without permission.

During the course of their evolution and proliferation, staff at runaway houses discovered that the young people who came to them had a variety of social and emotional problems[7] which they could not or would not bring to private mental health professionals or existing mental health facilities.[8] The majority were preoccupied with parents who in many cases were themselves disturbed, but many were also troubled by their relations with their schools and their friends and by their own use and misuse of drugs, alcohol, and sex. Though they refused to label these young people as mentally ill, the staff found some of them to be more self-destructive than rebellious; others seemed "weird," even to counselors steeped in nonconformity; and still others seemed hopelessly depressed and/or confused.[9]

To meet the needs of these young people and their families, runaway centers have gradually enlarged the scope and sophistication of their services and administration. They have made use of increasing numbers of mental health professionals; trained their workers in techniques of individual, group, and family therapy; provided long-term residential care; inaugurated "preventive" services; improved the quality of their administration; and created solidly based community boards of directors. During the last several years they have begun to conceptualize themselves as "youth and family crisis centers" and "mental health facilities." Indeed, without having planned it, they have created a system of community mental health centers for troubled young people and their families that is at once a complement and challenge to the principles and practice of federally funded community mental health centers.

COMMUNITY MENTAL HEALTH CENTER CRITERIA APPLIED TO RUNAWAY CENTERS

In describing and conceptualizing runaway centers as spontaneously emerging community mental health centers I will try to show how they embody the early spirit of the community mental health center movement and how they provide the services mandated by its legislation and its amendments. In the framework for this discussion, I will use categories borrowed from the legislation as well as those which Feldman and Goldstein[10] employed "to distinguish community mental health centers from other mental health services." In each section I will present an evolutionary perspective as

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[6]See National Statistical Survey 1976.

[7]See Beyer, Jenkins, Leventhal, and Stierlin for a psychopathological perspective on runaways.

[8]See Gordon 1975*a* and 1975*b*.

[9]Ibid.

[10]Op. Cit.

well as information about the current status of runaway centers. The portrait that will emerge is both a composite of many runaway centers and a fair replica of a number of them.[11]

Specific Geographic Responsibility

The first runaway houses—in New York's East Village, Washington, D.C.'s Dupont Circle, and the Haight-Ashbury—tended to work with young people who had come, sometimes from great distances, to be part of the burgeoning counterculture. As the counterculture has disappeared and the number of services for troubled and disaffected young people has increased, this pattern has changed. Increasingly, runaway centers tend to serve young people who come from their immediate geographic area. In 1971, 85 percent of those who came to Runaway House in Washington, D.C., were from outside the city; in 1976, over 50 percent came from the District of Columbia.[12] Nationwide, more than 60 percent of the young people staying in the 130 runaway centers funded by DHEW's Office of Youth Development have travelled less than 10 miles from their homes.[13]

Comprehensiveness

Almost every runaway center provides its 10- to 17-year-old population with all five of the basic services which were originally mandated for community mental health centers. Many offer their clients several of the additional seven services which have more recently been prescribed.

EMERGENCY SERVICES 24 HOURS A DAY

Every runaway center offers its clients and their families a facility that is staffed 24 hours a day, 7 days a week. Young people or their parents are free to call, and young people can walk in off the street, obtain counseling, or stay as a resident any time, day or night.

INPATIENT SERVICES

When runaway centers were first created, one of their primary aims was to provide young people with an alternative, both to exploitation on the street and to the constraints of living in an institution. Though they currently focus on offering young people a place to "cool out" and gain perspective on family conflicts, they continue to view themselves, and are viewed by courts, as a short-term alternative to institutionalization and a crisis-intervention service that may obviate the need for it. Runaway centers work with a number of young people who have been diagnosed "schizophrenic" or "border-

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[11] See Gordon and Houghton, op. cit.
[12] See SAJA—Annual Reports and Statistics 1971-1976.
[13] See Aggregate Client Data 1976.

line psychotic" as well as many others who have been described as "acting out," "delinquent," "drug or alcohol dependent." Many of the young people previously have been institutionalized and many more have been threatened with it. A sample of runaways during one quarter in 1974 at the D.C. Runaway House revealed that approximately 10 percent had spent time in mental hospitals and 20 percent in juvenile detention facilities. An additional 25 percent had had institutionalization recommended by a mental health professional or probation officer just prior to running away.[14]

While they are in residence at a runaway center, young people are involved in an extremely active and varied program. They function as members of a therapeutic community and must obey rules—no drugs, alcohol, sex, or violence; an evening curfew, daily cleanup, etc.—while they devote themselves to "working on their situation." Usually this means trying to understand why they have run; what their problems are; what they want to do about them; and then, with their counselors' help, doing it.

Virtually every young person (98.4 percent) receives individual counseling from a "primary" counselor who may be either a mental health professional or a trained nonprofessional; 44.5 percent are involved in family counseling with their own counselor and, usually, a mental health professional who works with the center; 40.5 percent take part in a group counseling experience, which in many programs involves daily discussion of the young people's "situations" and the way they are getting along with one another in the house.[15] In addition, counselors help young people to obtain specialized legal, educational, and vocational services. Those who cannot live at home are assisted in finding alternative living arrangements outside of an institutional setting.

Virtually all of these centers have one or more Master's level social workers on their regular staffs as well as a consulting psychiatrist or psychologist with whom the staff discusses, at least once weekly, each young person and his or her progress in individual, group, and family counseling. In addition, runaway center staffs usually work closely with several other mental health professionals who are available to see, on a consultative or long-term basis, young people who seem particularly baffling or troubled.

OUTPATIENT SERVICES

Though most of those who use runaway centers come for shelter and food as well as counseling, a large number of young people, perhaps as many as 25 percent,[16] simply make use of counseling facilities. They live nearby—at home, in their own apartment, or on the street—and come for help with family and school problems, when they're anxious or depressed, acutely suicidal, intoxicated, or simply in need of someone to talk to. Runaway cen-

[14]See Gordon 1975*a*, op. cit., and SAJA op. cit.
[15]See Aggregate Client Data, op. cit.
[16]Ibid.

ters provide these services to young people without delay and with minimal or no formal intake procedure.

PARTIAL HOSPITALIZATION

Though few runaway centers have explicit "day hospital" programs, many function in that capacity for young people who have returned home, gone to live in foster placement, or are on their own. The center is a place where the ex-runaway can come to talk—daily if need be—with counselors and be part of group therapy and recreational activities.

In the last few years, a number of centers have instituted peer counseling programs in which ex-runaways are paid to help with house maintenance and administration as well as with counseling. These programs, which include a substantial psychologically oriented training component, provide young people with the ongoing opportunity to be part of a community of helpers, to learn more about themselves and their problems, and to earn some money.

CONSULTATION AND EDUCATION

Runaway centers are not generally funded for any activities beyond direct services and therefore tend to allocate the vast majority of staff time to responding to the sometimes overwhelming direct service needs of young people and their families. Nevertheless, many centers have tried to maintain some kind of "outreach" program. In most cases, this has meant providing lectures on youth and family problems to high school and college classes, PTAs, churches, fraternal organizations, etc.; organizing seminars with local probation officers and mental health professionals who are concerned with reaching young people; and offering technical assistance to community groups which are interested in starting new programs for young people.

As runaway centers have become more financially secure, they have begun to devote more staff time to consultation and education. Among the projects currently undertaken are semester-long courses—on adolescence, alternative services, or youth rights—for high school, college, or graduate students; regular consultation with street gangs and street workers; organization of peer counseling groups in local high schools and of parent and family groups at local churches, community centers, etc.

SCREENING SERVICES

In the course of their work, runaway centers have routinely provided or arranged for mental health screening services for the young people who come to them. Their emphasis has always been on finding not only the least restrictive setting possible, but the one that the particular young person chooses.

FOLLOWUP CARE

Though they have not specifically addressed themselves to teenagers leaving State mental hospitals or penal institutions (either as discharged inmates or escapees), runaway centers have always been available to these young people and have regarded it as their responsibility to provide the full range of their services to them. In many cases, runaway centers are chosen as alternatives to institutionalization not only by the young people themselves, but also by parents and mental health professionals.

TRANSITIONAL SERVICES

As runaway centers have evolved, many have set up programs specifically designed to meet the long-term supportive needs of young people and their families. Among their innovations are specialized and flexible group foster homes for young people who would otherwise be institutionalized; foster placement programs where individual young people and prospective foster families are carefully matched and supervised; and long-term family counseling programs where runaway house counselors and mental health professionals tailor their therapy to each family's particular social, economic, and emotional situation.[17] Runaway centers also provide continued individual and group counseling for young people as well as ongoing vocational, educational, and legal advice and advocacy.

ALCOHOLISM AND DRUG ADDICTION; ALCOHOL AND DRUG ABUSE SERVICES

Many of the young people who come to runaway centers have problems with alcohol and drug abuse and some are, indeed, addicted. Runaway centers work with all of these young people on a short-term basis and with some on a long-term basis. If a more specialized addiction services program is needed, they generally refer the young person elsewhere for these supplementary services while continuing to be available for counseling, advocacy, and crisis intervention.

SERVICES FOR CHILDREN AND THE ELDERLY

Runaway centers work with young children and the elderly only when they are part of the family of the person who has run from home.

Accessibility

Runaway centers have always prided themselves on their immediate accessibility to their clients. The first ones were founded by indigenous helpers in areas in which large numbers of young people congregated. Later ones

[17] See Gordon 1975*b*, 1976*a*, 1976*b*, 1977, and Gordon and Houghton, op. cit.

were deliberately established in similar neighborhoods or near major means of transportation. Young people who noticed the building simply walked in off the street; others heard about the runaway centers from hotlines, school counselors, and, most often, from friends and street acquaintances.

Though they wanted to be available to all the young people who needed them, the first runaway houses didn't want to be accused of "encouraging kids to run away from home," nor did they wish to draw unnecessary police attention to themselves: Running away was a crime in the majority of States in 1967 and still is a crime in almost half of them.[18] As runaway centers have put down roots in their communities and as they have shifted somewhat from a posture of youth advocacy to one of youth-and-family-crisis-work, they have felt increasingly free to publicize themselves and their services; to reach out to troubled youth who are thinking about running but have not yet left home. The young people seem to be responding to this preventive approach: During the last quarter of 1976, over 20 percent of those who used the services of runaway centers continued to live at home.[19]

The accessibility of runaway centers is facilitated by three other well-publicized factors: (1) Neither young people nor their families pays for services rendered; (2) Counseling is immediately available 24 hours a day; and (3) Unless the house is filled to—and usually beyond—capacity, no one who is under 18 and in need is turned away.

Continuity of Care

Runaway centers have been particularly concerned with preserving a feeling of intimacy and communality. They have kept their programs small enough so that each counselor works with every other counselor and all know the young people who live in the house. Though runaway house counselors may be in sporadic contact with other young people, the entire staff of 6 or 8 works actively with no more than 10-15 current residents and 20-30 ex-residents. This full-time paid staff is augmented by 5 to 20 volunteers who provide help with counseling, house maintenance, and ancillary services. The house itself, usually a large private dwelling, tends to promote a feeling of intimacy and cohesiveness for the 200 to 300 young people who stay in it each year.

Those projects which have started foster care or group home programs maintain the sense of intimacy and continuity among their projects by having regular meetings among the members of the different staffs. When more specialized services—long-term housing, legal aid, etc.—are necessary, it is the counselor's responsibility to work with each young person in obtaining what he or she needs.

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[18] See Beaser 1975.
[19] Aggregate Client Data, op. cit.

Responsiveness to Community Needs

The first runaway centers began as a direct response to the needs of troubled and disaffected young people who filled the streets of their surrounding neighborhoods. They and their descendants have considered this responsiveness to be a hallmark of their services. Runaway centers have, as a matter of principle, included young people—present and ex-residents—in virtually every aspect of their decision and policy making. In daily or weekly meetings, young residents have the opportunity to criticize and, with the counselors, change house rules and policies; as peer counselors and as members of the runaway center's board of directors, they are in a position to shape overall organizational policy. In fact, virtually all the new programs that runaway centers have opened—family and vocational counseling, foster care, group homes, peer counseling, street work projects, etc.—have been catalyzed by the expressed and demonstrated needs of their clients.

When runaway centers opened, they were often an alien presence in a residential neighborhood, advocates for children's rights in a community of not always sympathetic adults. At first, many runaway centers reacted defensively to their suspicious or hostile neighbors, ignored or mocked their concerns. In recent years, as their focus has broadened and their existence has become slightly less precarious, runaway centers have made substantial efforts to meet with and explain themselves to neighbors. In addition to working with individual families and schools, runaway centers have joined, and sometimes formed, block and civic associations to keep the neighborhood clean and quiet. They have brought onto their boards of directors supportive and skeptical neighbors, city and county legislators, local business and professional people.

At the same time, runaway centers have also begun to conceive of themselves as part of a larger community. They have organized locally, with other social and mental health services, to lobby for youth rights and services for young people. As part of a National Network of Runaway and Youth Crisis Centers they have tried to change delinquency laws which continue to make running away a crime; to amend social service and juvenile justice requirements which restrict the services available to young people; and to urge the Congress to pass laws that are designed to help meet the needs of young people and their families before, as well as after, the child leaves home.

Funding

The founders of Huckleberry House would never have believed that the House would be there 10 years later: It was created to deal with the casualties of a cultural phenomenon that, they assumed, would soon subside. Huckleberry House, like its early sister projects, survived from day to day on church support, scrounged supplies, local foundation grants, and benefit dances. The discovery in 1973 in Houston of the bodies of two dozen boys—

presumed to be runaways—changed all that: Major Federal funding and legislation on behalf of runaways were initiated.

Recognizing that runaway centers were "natural experiments in community mental health," NIMH provided the first monies: $1.6 million for service, training, and research contracts to 32 projects across the country.[20] With the passage of the Juvenile Justice and Delinquency Prevention Act of 1974 (Public Law 93-415), 66 projects were awarded a total of $4.1 million by the administering agency, DHEW's Office of Youth Development. At the same time, other runaway centers were obtaining grants from the Law Enforcement Assistance Administration, the United Way, and the National Institutes of Drug and Alcohol Abuse, under Title XX of the Social Security Legislation, and from local social service agencies. By 1976 some $7.9 million was being allotted through OYD to 130 runaway houses.

In spite of this increase in funding, most runaway centers continue to operate at little more than a subsistence level: On budgets of between $70,000 and $150,000 a year, an average salary for each of a staff of seven is $7,000 to $9,000 a year for a 50- to 55-hour work week. Partly because of this low salary level, runaway centers are able to provide comprehensive services at a fraction of the cost of mental health—or indeed—correctional facilities: A 1975 survey[21] of some 20 runaway houses revealed that the cost per day for residential care ranged from $32 to $50, approximately one-fifth of that in a mental hospital and one-third of that in local detention centers. The cost per hour of "outpatient" counseling ranged from $5 to $12, about one-third of that in local community mental health facilities.

Discussion

In recent years, a number of critics[22] have pointed out that community mental health centers are often far less innovative and flexible than their creators had hoped, that they are more often responsive to professional imperatives than the needs of those whom they serve. According to these critics, many centers have abandoned the public health for the clinical model and have neglected their consultation and education functions. Though some have created satellite centers to offer more innovative and responsive services, others have remained stagnant; community control has often been subverted, and, according to these critics, the activist spirit of the community mental health movement has often been betrayed.

Runaway centers, begun without any professional ideology, present an interesting contrast. Though they serve a specific population and though they have not been consistently conceptualized as mental health services, they have maintained the kind of responsiveness to people's problems which the founders of the community mental health movement had envisioned. Runa-

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[20]See Gordon & Houghton, op. cit.
[21]Gordon 1975c.
[22]See Musto, and Snow and Newton, for example.

way centers provide the five basic services to their clients in ways that are at once carefully individualized and highly economical. They have incorporated mental health professionals in their programs and have often used a "therapeutic" model without adopting an "illness" model of diagnosis, treatment, and cure and without stigmatizing those who come to them for help as mentally ill. They have continued to serve "a group that nobody wants" and to expand and change their services to meet the changing needs of this group and their families. And they are deeply committed to the preventive work which the community mental health center legislation and its later amendments have mandated.

My description of runaway centers in this paper has been suggestive rather than exhaustive or critical—questions can and should be asked about the centers' focus on crisis work, their ability to deal with seriously disturbed young people, and indeed their overall level of expertise—but it does raise the possibility of conceptualizing and studying these centers as community mental health centers. I hope that it will also begin a dialog about offering such centers funding—either under the Community Mental Health Center Act, through State mental health funds, national health insurance, or some combination of these.

I think that these runaway centers may also offer a model for a variety of other, actual or potential, community mental health services—drop-in centers for individuals and mediation centers for families in crisis; shelters for battered women and community residences for people in the midst of an acute psychotic break. I hope, at any rate, that their existence can be instructive to those who are concerned with making mental health services more relevant and accessible. Without having intended it—and without being funded to do it—runaway centers are, in fact, participants in and heirs to the tasks and aspirations of the community mental health movement.

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long-term residences

The two essays that follow are devoted to alternative group foster homes, the long-term residences that workers in alternative services have created to meet the needs of some young people who cannot live with their families. The essays are directed at two different audiences: Counselors in group foster homes and other alternative services, and mental health professionals. On the one hand, I wanted to help those who work in group homes—or who were thinking of starting them—to appreciate the complexities, subtleties, and rigors of what they were doing. On the other, I wanted to offer mental health professionals a description of a viable alternative to institutional care, one which drew on but in some ways offered more than older models of a therapeutic community.

In the first paper I have put the development of these alternative group homes in an historical perspective and then described in some detail the workings of two of them. One of these homes, which I call Frye House, remained faithful to the radical democratic principles which animated its founding; the other, Markham, did not. The emphasis in this paper is on this difference and its consequences for the homes and for the young people who lived in them. In the second paper, I focus on the ability of the Frye House staff to work in an open and cooperative setting with severely disturbed young people who have been or otherwise would be hospitalized.

The first paper appeared in Psychiatry *(Vol. 39, No. 6, November 1976) and is reprinted here with permission. The second, written 2 years later and providing some followup to the first, has recently been submitted for publication in another professional journal.*

alternative group foster homes:
A New Place for Young People to Live

A HISTORY OF CHILD PLACEMENT

Children who leave home or are abandoned by or separated from their parents are an evocative group, the frequent source in myth and legend of heroes, heroines, and monsters, the locus in many societies of strong and often inexplicable fears and concerns, fantasies and hopes. The history of the way they have been treated in the United States, a country which has consistently maintained that the "home is the highest and finest product of civilization,"[1] presents a mirror to the development of our society.

The communities of colonial New England were tight theocratic worlds in which the patriarchal family was the primary building block and model of authority.[2] All people who lived outside families were suspect as potential sources of destruction and discontent; relying on biblical precedent ("God settleth the solitary in families"—Psalms 68:6), the authorities placed single older people, and orphans and bastards as well, in family settings. The arrangement was economical as well as moral: The community was relieved of the burden of supporting these people, and their labor was available to the families that took them in. When morality and economics clashed—as in the case of a family too poor to support its own children—economics won: The children were "bound out" as apprentices to other families.[3]

An accelerated rate of immigration, the importation of large numbers of young servants, industrialization, and urbanization combined in the late 18th and early 19th centuries to increase the numbers of American children who could or did not live with their parents, and to decrease the other familial living situations available to them. With cheap servant labor available, chil-

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[1] J.K. Whittaker (1972, p. 56), quoting from *Proceedings of the Conference on the Care of Dependent Children* (U.S. Gov't. Printing Office, 1909).

[2] See Bremner et al., Vol. 1, pp. 1-63.

[3] Ibid., pp. 64-71, 103-184.

dren were no longer so useful in homes; in many factories their lack of strength and endurance made them an economic liability. In some communities children, classified with other paupers and indigents, were auctioned off at vendue to whoever could keep them with the least expense. In cities, increasing numbers of them were confined with the poor, the mad, and the chronically ill in almshouses.[4]

In the first half of the 19th century large numbers of special institutions for children were established. These orphanages were usually privately founded and publicly supported. They reflected a rapidly industrializing society's tendency to institutionalize its functions, as well as its growing concern for and recognition of the particular and particularly vulnerable situation of children.[5] The Orphans' Society of Philadelphia, for example, was founded in 1814 "to rescue from ignorance, idleness and vice, unprotected and helpless children, and to provide for them that support and instruction which may eventually render them valuable members of the community."[6]

At the same time "schools of reform" and "houses of refuge" were created for "juvenile offenders" who were "sentenced to imprisonment" or judged "vagrant." In 1837, through the doctrine of "parens patriae" this practice of institutional placement for difficult children was given full legal standing by the Supreme Court of Pennsylvania. The court now could act as "common guardian of the community."[7]

Even as it was gaining ascendancy in the second half of the 19 century, there was opposition to the institutional approach. Charles Loring Brace, Secretary of the New York Children's Aid Society, saw institutionalization as debilitating, not reforming: "The longer he is in the asylum, the less likely he is to do well in outside life."[8] Brace believed that "the best of all asylums" was "the farmer's house." Accordingly, he—and those from other states who believed likewise—arranged for thousands of young city dwellers to be transported west. In rural settings their labor would be profitable to farmers, who would in turn instruct them in the virtues of honesty, family life, and hard work.

Progressive reforms of the late 19th and early 20th centuries were designed, in Theodore Roosevelt's words, to promote the "conservation" of children. Through the creation of juvenile courts, child welfare professionals, and child labor laws, children were singled out as a group with special needs and interests. Though these reforms sometimes gave rise to more humane living situations, they tended to become regressive as time went on. In appropriating the right to act "in the best interests of the child," the newly created juvenile court often became dictatorial. Probation officers became

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[4]Ibid., pp. 262-281.
[5]Ibid., pp. 559-670.
[6]Ibid., p. 653.
[7]Ibid., pp. 691-693.
[8]Ibid., pp. 669-670.

agents of the juvenile system which paid them—supervisors of, rather than advocates for, the children whom they placed. Child labor laws were inoperative in rural areas and, for a long time, inefficient in industries where economics dictated the use of children as workers.

During this period, child welfare agencies and juvenile courts collaborated to create group foster homes[9]—living situations in which several to a dozen young people were placed with foster parents or child care workers. These group homes represented community-based extensions of institutional care, and an economically advantageous variation on individual foster care. In general they were thought to be particularly suitable for adolescents, for whom they provided a compromise between the intimacy and dependence of family life and the independence of adulthood.

In the first decades of the 20th century, the developing fields of psychiatry, psychology, and psychoanalysis, and their elaboration in the child guidance movement were already influencing procedures and shaping attitudes in every aspect of child placement. According to the early workers in these fields, children were to be understood in the light of their feelings and motives, not simply as the sum of their behaviors—as young people with special needs and as rapidly developing adolescents, not simply as small or irresponsible adults. At its best this perspective helped child guidance workers to train foster parents and child care workers who were able to "identify with the child despite his behavior,"[10] whose "change in attitude" permitted the child to live out the fullness of his own life with them.

Often, however, psychological understanding degenerated to psychiatric name-calling. Instead of being viewed as a slipped gear in the economic machinery, a public shame or nuisance, children came to be seen as damaged or sick individuals who required diagnosis, treatment, and cure. Though the vocabulary and technology changed, the stigmatization and isolation of earlier institutions remained. In many psychiatric institutions, tranquilizing drugs, electroshock treatment, and the seclusion room have simply replaced beatings, repetitive and useless tasks, and solitary confinement. A manipulative group therapy could be used to bring about the same degree of conformity as moral suasion. Nor did high-powered psychological testing and heavily credentialed caseworkers make foster care more loving or intelligent.[11] Many foster parents are still simply the lowest bidders at the social welfare vendue.

In recent years a variety of new developments—socioeconomic and political, as well as therapeutic and biological—have altered the accepted ideas about adolescents and their placement. Young people come to physiological maturity considerably earlier than they did half a century ago. The increase and spread of affluence and technology have made most of them unneces-

[9]See Gula; Scher; Rabinow; Herstein; Fisher; Wolins and Piliavin; Whittaker; Jewett.
[10]See Bremner et al., Vol. 2, p. 436.
[11]See Whittaker, pp. 51-61; Mnookin.

sary as workers but powerful as consumers. The mass media, particularly television, have provided them with vast amounts of information from which to form their opinions and on which to base their actions. Concurrently, their social and legal status has changed. The 1967 Supreme Court decision *in re Gault* held that children in juvenile court were constitutionally entitled to certain due process guarantees previously granted only to adults in criminal court.[12] Juvenile correctional officials have begun[13] to dismantle degrading systems of institutional care. The voting age has been lowered to 18. Recently, young people, following the example of blacks, women, and old people, have formed liberation groups[14] to insure their civil rights and their right of self-determination.

In this climate of social and political change increasing numbers of young people and their adult advocates have begun to demand that adolescents be allowed to live autonomously—at or away from home—in settings in which their rights and integrity are respected. And they are beginning to create settings—natural social experiments—where this takes place.

ALTERNATIVE SERVICES

During the last ten years the needs and demands of some young people have begun to be met and articulated by new helpers and new institutions. These people and their projects owe their origins to a "youth culture" and a "counterculture" which are themselves both influences on and heirs to powerful political and social forces: the civil rights movement of the late 1950s and 60s, the antiwar movement, and the women's movement. These workers in "alternative services" affirm the experience of young people in its autonomous integrity, not as a promise of future achievement or reflection of parental or societal ideals.

Among the first of the services they created were runaway houses, refuges for some of the estimated 600,000 to 1,000,000[15] young people who each year left their homes or the institutions to which they had been confined. Runaway houses offered young people a protected alternative to a street life which made them vulnerable to exploitation as well as to arrest and involuntary return home. Since 1967 their numbers have grown from a handful in large cities to well over one hundred in communities of every size.[16]

The people who founded the early runaway houses were more likely to be the natural helpers of the "hip" community—ministers organizers, street people—than those certified by schools of social work, psychology, or criminology. As sympathizers with, if not participants in, both radical politics and

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[12] See Rodham.
[13] See Ohlin et al.
[14] See publications of "The Youth Liberation Front" (Ann Arbor, Mich.), including the newspaper, *FPS*.
[15] See U.S. Senate, Hearings on S. 2829 (1972).
[16] See *National Directory of Runaway Centers* (1974).

the counterculture, they tended to see running away not as a symptom of individual psychopathology or as evidence of criminality, but as a sign of familial disorder and of a society in turmoil. They believed that in a supportive context, running away could become running toward, an act of hope rather than a gesture of petulance or despair.

Once in a runaway house, young people were automatically given the kind of respect that they rarely experienced in the adult world or from its institutions or professional helpers. The workers in the house believed that the young runaways were capable of making the decisions that affected their lives. They tried to listen to the young people, to sympathize without labeling or coercing or trying to "do things for [their] own good."

For those young people whose homes were confusing and disturbing but not intolerable, a few days at a runaway house and some individual and family counseling could provide the support necessary to weather a crisis or understand a particular dilemma; for those who were already all but independent it was a reassuring way station. But significant numbers of young people left runaway houses after a few days or weeks to return home, only to become embroiled in the same futile destructiveness which had originally forced them to leave. Others, written off by their parents, left home to bum around or live on the street, only until they were picked up by the police—to be committed, or recommitted, to mental or penal institutions.

The latter young people returned over and over to runaway houses, often leaving in their wake legal, social service, and mental health agencies which had made multiple attempts at institutional and foster placement, at counseling and therapy. Between their periodic flights to runaway houses some wrote plaintive letters: "Can I stay at Runaway House for good?" "Isn't there any place I can go?"

Over the last several years, workers in some runaway houses have created group foster homes to answer these dilemmas and needs, to provide more or less permanent places for young people who could or would not stay elsewhere. But in making use of the structure and financing of the group foster homes, workers in alternative services have tried to transform the homes' spirit. They are trying to create real alternatives to institutions and to conventional "agency operated" group homes, as well as to the family situations to which the young people can't or won't return—that is, they are trying to create communal households which will respect the rights of young people to run their own lives, extended families in which power can be democratically distributed and decisions collectively made.

TWO ALTERNATIVE GROUP FOSTER HOMES

I was a consultant for 18 months at Markham House and for 20 months at Frye House: a participant observer in weekly "house meetings" of young people and counselors at which "anything" could be discussed; an advisor to

the staff; and a confidant—with varying degrees of frequency and intimacy—to individual young people and staff members.

After a brief history of each of the houses and of my introduction to them, I will discuss several developmental issues which seem to me to be both common and critical to their evolution; the different ways these issues were met in the two houses; and the implications and consequences of their responses for each of the houses. Though the presentation will be roughly chronological, it is important to keep in mind that all of these issues were of some importance throughout my consultation with both houses.

I stopped consulting with Markham 18 months ago, and with Frye 14 months ago. I am still in touch with several of the young people who lived in each of the houses and sometimes still visit Frye.

The houses are not precisely comparable, nor do I wish to present them as such. Although both Frye House and Markham House owe their origins to runaway houses, each of them has peculiar characteristics of location, community, ideology, and personality which shaped its development and helped to determine its usefulness to young people.

Frye House: Setting

Frye House opened two years after its parent runaway house, several blocks from it, in the integrated hip neighborhood which borders the ghetto and buffers the wealthy white section of the city. The first location was temporary and barnlike, easily large enough for the two counselors and eight young people who, after several months, occupied it. The house was opened with a few dollars borrowed from the runaway house, a small foundation grant, and the promise of "payment for services" from social service departments which were planning to place young people there.

For many months the young paraprofessionals (a man, 23, and a woman, 24) who staffed Frye House groped for some coherent philosophy and structure. Though they had previously worked at the runaway house, they were often overwhelmed by the variety, complexity, and intensity of the problems of the young people who came to live with them. What kind of house and what kind of counseling could accommodate white runaways from middle-class suburban homes, black street kids, tough-talking "delinquents," indifferent "hippies," and spaced-out "flower children"?

The counselors were shaken and pressured by the violent clash of life styles, the noise, the angry discontent, and the disruptive behavior. Neighbors and friends who had volunteered at runaway house sustained them while they weathered some storms, but increasingly they felt compelled to get control over the house. They moved to another building, reduced the number of young people to six (three boys and three girls), and made only fitful attempts to hold onto the most disruptive and alien of their charges. Concurrently, the counselors' political perspective—their vision of the house as a

democratic family, of the young people as independent and respected participants—began to erode. Under the influence of a mental health consultant, the young people metamorphosed to patients and children, the counselors to therapists and parents.

Even after this consultant left, the counselors maintained self-consciously therapeutic and conventionally parental roles. Young people who were applying for admission to the house were interviewed first by a new psychiatric consultant, then screened by the counselors. Though house rules were discussed and disputed by the young people, they were promulgated and enforced by the counselors. All of the young people were required "for their own good" to be in school or to work; all of them followed routines for cooking and cleaning established by the counselors; all had to obey rules and regulations considered appropriate to their age—curfews and, in the house, abstention from sex, liquor, and drugs.

When I arrived at Frye there were new counselors: Ann, who had lived in the house for five months, and Fred, who had been there for three. They had asked me to come over because of Tom, a 17-year-old boy who had lived in the house for almost a year. We sat in the living room on shabby overstuffed furniture. The house was cool and, except for us, empty and quiet in the late afternoon.

Ann told me that when she first arrived, Tom had been quiet, appealing, and tractable. But over the last few months he had begun to "change." Both she and Fred now thought that he was becoming increasingly "crazy" and maybe "dangerous." He accused them of not caring about him and of wanting to destroy him. In his room, he screamed at unseen tormentors. Questioned about his feelings, he became enraged and abusive.

Something frightening was going on with Tom and neither Ann nor Fred could figure out how to deal with it. They wondered if I could find another place for him, or see him in therapy, or recommend something.

Ann and Fred went on to tell me about themselves and the house. Ann had earlier been an elementary school teacher, and for eight months had been a counselor at the runaway house. Fred had been an Air Force medic, and then a seminarian. Both of them had been active in the antiwar movement as campaigners for liberal candidates and participants in peace demonstrations. They had both come to Frye because they wanted to live and work with young people in a new way, free from the strictures of conventional child care and social service. They were concerned that under pressure from the young people they were falling into disciplinary and parental roles. Their temptation to control and "analyze" Tom's behavior was only the most recent and distressing example.

I told them that I wanted to see Tom not as a psychiatrically ill individual but as a member of their home—to understand his behavior not in the clinical isolation of an interview situation, but in the context of his relationships to those around him. They listened closely, nodding their heads: "Maybe we're too close to really understand what's going on." Their willingness to be self-

critical, their openness to my perspective put me more at ease. When I said that the young people would have to agree to my coming to house meetings—that I did not want to be or to seem to be the counselors' agent—they readily agreed. With this consensus, I began my work at Frye.

Markham House: Setting

Markham was opened in 1971 as a runaway house. Located at first in half a dozen unused rooms of a local religious mission, it developed over five chaotic months into a group foster home on a quiet street of single family houses in a middle-class residential suburb. Markham's director, Allan, made the changes because he felt overwhelmed by the number of runaways and by the contrary pulls and cumulative pressures of probation officers, young people, and families. The kids—local runaways who found their way to the mission and disruptive teenagers deposited there by the police—had made noise all night, smoked dope, and left just before their probation officers arrived for appointments. Their parents were suspicious, the neighbors furious, and the probation officers dissatisfied.

Allan had recently left his job in the public school system in protest against the oppressiveness of the discipline and the monotony of the curriculum. He had set out to provide a human service for young people, a place where, as he put it, "their personhood would be respected." Working with him were several volunteer counselors, students and recent graduates from local colleges, who seemed both confident and sensitive. But after a while the situation had begun to feel wrong—temporary, unsatisfying, uncontrollable. Allan wanted to provide emergency services to the teenagers in the community, but even more he hoped to establish "a safe, stable, caring environment." He raised a few thousand dollars, found a house, and began to fight for a license to provide foster care.

Markham's first few months in its new location were almost as choatic as those in the mission. Probation officers appeared at all hours with young runaways in tow, begging Allan to take in "just one more"; kids from nearby towns who "hadn't heard" that the runaway house had become a group foster home came by to "crash." Some neighbors offered food and emotional support; others telephoned the police, complaining of noise, drugs, and degeneracy. An air of crisis—to which the young residents responded alternately with solemnity and secret glee—pervaded the house.

Slowly Allan removed himself from the hour-to-hour operation of Markham. He hired three counselors, who did not live at Markham but slept there several nights a week (there was room only for an office, not a staff bedroom). One was a 22-year-old man who had started as a part-time volunteer and then dropped out of college to become the head counselor. The other two were women volunteers who were hired as full-time counselors. Six young people were accepted as residents. Allan, the three counselors, and several volunteers planned the house's "program," together with a psychiatric

social worker who consulted with the staff, a psychologist who saw the young people individually, and a group worker who ran weekly "sensitivity groups" for all the residents.

When I arrived at dinner time, the living-dining room was a jumble of bodies; furniture, and food, or raised voices and rock music. The two-story frame house hardly seemed capable of containing so much activity. The young people ate and nodded hello. Four or five counselors and volunteers were busy tacking down carpets and putting the finishing touches on a coat of paint in the kitchen. Allan explained that neighbors and members of the county council were about to visit, that the house, which had recently been raided by the police "on some trumped-up charge," needed their support to stay open.

Allan wasn't sure exactly how he could use me, only that he wanted me to help. "There are other consultants," he said, "but we can use a psychiatrist—maybe for individual therapy or for court evaluations." Allan began to tell me about some of his problems. He wanted, he said, to "respect the personhood" of each of the young people, but there was so much confusion, such a great need to "keep up appearances—at least until we're more secure in the neighborhood. I can't have the kids acting like they did at the mission—staying up all night, smoking marijuana. Here they can't even make noise or swear so anyone can hear them. Some of our neighbors are looking for anything they can to close us. Later the young people can have more freedom; but right now we need some order."

I liked the house: there was something industrious and comforting about the chaos—a group of people working at something together. But I also felt a little uneasy. I guessed that the neighborhood's disapproval would weigh constantly on the house, and I feared that this social pressure might serve as justification—even when it was not compelling—for oppressive policies in the house. Perhaps it was Allan who made me feel that. He seemed at once unsure and self-righteous, too eager for professional help just because it was professional.

I suggested that I spend time around the house, talking with the young people and counselors. I also said that I would like to come to house meetings if they had any. Allan agreed and then asked in passing if I would talk with Bobby, one of the young people in the house. He seemed very "strange," quiet and frightened. He laughed aloud to himself, and some of the counselors thought that he might be hearing voices.

Within three weeks I was going to the weekly house meetings that Allan and the counselors found necessary.

At Ma[illegible]ham, as at Frye, I attended as a consultant and facilitator, an outside observer who could help unravel the tangled communications and clarify the obscurities of a meeting, someone committed to helping the participants put immediate issues and arguments in the larger context of a group of people—neglected and homeless young people and their counselors—struggling to live and work together in a decent way.

Deviance in Both Houses

Deviance is relative to particular social groups. Decisions about who or what is deviant, and exclusion of people whose behavior or attitudes are so labeled, help to provide groups with a means of defining and organizing themselves.[17] From the perspective of the larger society, all of the young people and many of the counselors in both group foster homes were deviant. Within each of the houses there were also people whose behavior and attitudes caused them to be regarded by their fellow residents as deviant. The differing ways of dealing with this perceived deviance were crucial in shaping the development of the two houses.

At Frye House, Tom's "craziness" was allowed and encouraged to emerge in weekly house meetings.[18] With my help the counselors and other young people came to see his behavior and understand his language as, among other things, indirect and disguised protests against house rules and communal attitudes which seemed contradictory, destructive, and insensitive. By refraining from labeling as delusory his beliefs that they did not care about him and were "destroying him," the counselors could begin to look at the ways in which they were being destructive, at the contradictions between their stated feelings of warmth and sympathy and the content of certain house rules which they enforced. If Tom did not want to go to school or work and they tried to force him to do so, then perhaps they were indeed caring less for him than for their rules. If they said he was free to choose what to do with himself, and simultaneously had a rule that only young people who worked or went to school could stay in the house, that denied his right to choose. If they then denied the contradiction between words and rules, then indeed they were helping—by double-binding him—to "drive him crazy."

The willingness of the counselors to view Tom's behavior as a critique of the social situation rather than simply as deviance from its norms relieved some of the pressure on him. It also provided a precedent for understanding and dealing with all of the young people. The purpose of the house was to include people who had been excluded and isolated, to respect the rights of each one who came there. To judge, regulate, and discipline young people according to the counselors' preconceptions or norms was to reproduce the kind of oppressive social situation which had excluded them in the first place.

In Markham House the tendency to isolate and label the deviant was not modified. Bobby's silent withdrawal was all but ignored in the clamor of group meetings. Both he and Joanne, a 16-year-old who had spent time in reform school and several other group homes, were insistently referred for treatment to the house psychologists. Joanne's anger at what she termed "two-faced lies and insults"—which seemed based on the apparent inequity with which privileges were doled out to the young people by one of the

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[17] See Erikson, especially pp. 1-29 ("On the Sociology of Deviance").

[18] For a more detailed account of Tom's "craziness" and of deviance in Frye House, see Gordon, 1973, 1974.

counselors—was simply dismissed. In house meetings the counselors said that there were reasons for this, but Joanne just didn't seem to understand. When she persisted, they told her that her constant anger was the reason she had fewer privileges—that, in effect, her protests against the rules justified their use against her.

Comments by me on this process of exclusion and mystification were not particularly helpful. Allan conceded, in private, that I might be right "in theory, but the time's not right." Admitting the justice of the young peoples' criticisms in a meeting would be opening the house to an "anarchy" it could not afford.

At Frye the openness to deviance was instrumental in keeping the house an organically evolving entity, in allowing it to change to accommodate the variety of young people who stayed there. This flexibility, in turn, made it possible for a high percentage of the young people to stay for long periods of time, for almost all of them to leave when *they* were ready. In contrast, the counselors and residents at Markham regularly extruded young people—with appropriate psychiatric diagnoses, moral or criminal charges—who were considered "too disruptive."

As far as I was able to tell, there were no appreciable differences among the "kinds" of young people staying at the two houses; sometimes, in fact, the same young person was simultaneously being considered for admission to both houses. At Frye the age range was 14 to 18; at Markham, 14 to 17. The vast majority of them were white and lower-middle class. Virtually all of the young people had run away from their homes and had spent a period of time in detention centers. About one-third of the residents in each house had been sent to reform schools, and another third had spent time in mental hospitals. Close to 90 percent of the young people in both houses had previously been placed in other foster homes; more than half of them had been placed more than once. One person from Frye and one from Markham left the group foster home to return to his or her parents. In each house approximately 15 to 20 percent of the young people were black.

With these similarities in mind the differences in length of stay are particularly striking: Over an 18-month period, nine people stayed at Frye for an average of 10.5 months each; during the same time 18 lived at Markham for an average of 5.0 months each. Many of those who left Markham were asked to do so. Five were sent from Markham directly to institutions.

Power and Rules

At Frye House the distribution of power and the rules which reflected it gradually changed to conform to the spirit of respect and participatory democracy which had originally animated the house's formation.

In the weekly meetings at Frye the young people's challenges to house rules were accepted, not deflected. Social norms which had been adopted unquestioningly—all young people should go to school or work, should wake up

and return home at certain hours, etc.—were critically considered and revised to fit the felt needs of the young people.

In the house meetings personal frankness slowly replaced defensiveness. Teenage residents who were not afraid that some privilege would be taken away grew comfortable in criticizing counselors freely and directly, and were able to reveal personal difficulties without fears of arbitrary reprisal. Similarly, the counselors, no longer burdened with moralistic postures, could drop their defensive condescension and be more straightforward about their own annoyances, anxieties, and concerns.

The increased respect of the counselors for the young people provided the basis for new processes of decision-making. Instead of being reserved to the counselors and their consultants, all decisions—regarding household budgets, hiring of new counselors, rules, admission of new people to the house, and overnight guests—began to be made in common. The way the house dealt with drug use is illustrative.

There had always been a counselor-imposed—and collective-wide—rule against drug use in the house: Anyone caught with drugs would be kicked out. In fact, one person had been caught and allowed to stay. Generally the young people had lied about drugs, claiming that there were none in the house while hiding them from the counselors. Inevitably this drove a wedge between the young people and the counselors. The young people were resentful and guilty, and the counselors were suspicious and self-righteously angry at the betrayal which they knew the young people were perpetrating. In addition, none of the young people felt free to talk about drug-related problems: fears of addiction, the possibility of hepatitis, a bad trip that they had or were having.

Only when group discussions were finally held about drugs in the house, about the real dangers of police arrest and the possible closing down of the house, and only *after* the young people had power over and a stake in the house, did they honestly agree not to have drugs there. It was no longer a "counselors' rule," but a matter of common interest and of group survival.

At Markham House the split between counselors and young people widened. Fears of disorder and an inability to hear young people's criticisms, spoken directly, or indirectly displayed in angry behavior, led to an increasing concentration of power in the counselors, a proliferation of rules and sanctions. Instead of granting freedom and responsibility together, the counselors insisted that a demonstrated responsibility precede freedom and that they would be the ones who would determine who was responsible.

A system of levels of privilege was instituted. Several weeks of obedience at one level of freedom (a 10 o'clock curfew, one phone call a night) preceded the granting of greater privileges (a midnight curfew and two phone calls a night). The young people, who resented the levels, disobeyed the rules covertly and conned susceptible counselors into exempting them from sanctions. The counselors (with a circularity of reasoning which took many months for them to understand) justified the need for levels by pointing to

the lack of responsibility and honesty that the young people demonstrated in dealing with them.

The counselors always reserved final decision-making power to themselves. Many of them regarded house meetings as simply "a time for the kids to complain, to blow off steam." The real decisions about levels and punishment were to be made by the counselors, away from the meetings. Attempts to make the house more democratic, to share power, turned out actually to be covert systems of manipulation and mystification: Separate orbits of power were designated, one that the young people could control, and a larger, encompassing one that gave the counselors control over the first. These dual orbits were initially welcomed by the young people. When they discovered that they couldn't make substantive changes—hours of curfew, time of clean-up, patterns of phone use—they became more cynical and the split between them and the counselors widened.

Induction

Freud has written of powerful forces in all of us which tend to cause us to repeat past patterns of behavior (repetition compulsion) and to act with new people and in novel situations as we have with significant historical, and especially parental, figures and in formative situations (transference). More recently Laing (1973) has described "induction," a transpersonal process by which we induce others to behave toward us as significant historical others once did. In the group foster homes all of these forces and, in particular, induction were continuous, powerful, and pervasive.

Virtually all of the young people in both houses had been, in a variety of ways, rejected, discounted, and nullified by their parents long before they left home. Whatever efforts they made to grow close to the counselors, to make new and better homes for themselves, were inevitably shot through with suspicions and resentments that they transferred from previous settings, attitudes, and actions which tended to induce the counselors to act as their parents and previous caretakers had. Only counselors who were both sensitive to this process and willing to forego the often destructive parental roles for which their own histories prepared them were able to resist induction. Only in a setting in which induction was not easily fulfilled could this take place.

The democratization of Frye House provided a firm basis for resisting a variety of inductions. When they felt victimized, young people could be reminded, truthfully, that they had real power in and over their living situation. Counselors who actively sought the interpersonal meaning of disruptive behavior were predisposed to understand certain of the young people's actions as invitations to rejection, to interpret rather than answer them. Still, the struggle was continuous and not always successful.

The counselors were surprisingly capable of dealing with most of the young people. For example, 15-year-old Ellen's aggressiveness and self-

destructive behavior (stealing, multiple drug use, street fights, temper tantrums) continually invited reprisals, sanctions, and restrictions. The counselors refused either to confine her—as her parents, a succession of foster parents, and reform schools had done—or, when attempts at control proved insufficient, to reject her as they had. For the most part they simply treated her with the respect due someone who was capable of making up her own mind. They confronted her with their responses to her disruptive behavior, and tried to stop it when it infringed on them; when she asked for advice, verbally or nonverbally, they tried to dissuade her from actions they thought unwise, to help her think about and find alternative courses. At the same time, they tried to listen to the whys and whens of her actions, to be available to her when depression and loneliness succeeded vengefulness and violence.

The counselors had more difficulty with young people whose early lives seemed to have been characterized by massive indifference and neglect. Two of these young people seemed constantly to drift away from house activities and interactions. They seemed both disdainful and frightened of the participatory possibilities which the openness of the house permitted them. If they took offense, they often refused to admit it; sometimes they seemed to cherish their hurt in secret. Their need for affection well hidden, as well as their anger, they continually slipped further away from engagement with counselors. They were able to find in the counselors' respect for their freedom, its parody, the kind of indifference to which they were accustomed. And in time, the counselors, frustrated and discouraged, did become indifferent to them. Within six months these young men (who had both previously lived on their own) left the house, vaguely disappointed, to "bum around."

At Markham House the counselors' insistence on concentrating decision-making power in themselves, and their willingness to make rules "for the young people's good" made them particularly vulnerable to inductions. Almost any aspect of behavior could signal the need for an "appropriate" and "effective" response. With bizarre faithfulness counselors managed to act out an array of contradictory parts in which the young people cast them. At the same time their need to maintain authority made it difficult for them to see this process. Confronted with it, they became defensive and self-righteous, readily willing to blame "the kids."

For example, Allan's relationship with Leslie rapidly became a facsimile of the one she had had with her father: Her good looks, coquettishness, and sweetness immediately attracted him to her, encouraged him to seek her out as a confidante. When she later evaded house rules to be with her boyfriend, Allan seemed to experience it as insult and desertion. He accused her, without any sense of irony, of selfishness, and of not caring, and became bitter, suspicious, and vindictive toward her. A final invasion of her privacy—a public harangue while she was at her job—paralleled exactly her father's jealous intrusiveness on her relations with other young people.

Another counselor (who in talks with me admitted his bewilderment) simultaneously acted cool and condescending to one girl, authoritarian and punitive to one boy, and forgiving to another resident. All the while he spoke in meetings of the need for "consistency in treatment" and of his attempt to be "firm, but fair."

The Group Foster Home and the World

Group foster homes are peculiarly vulnerable to outside influences. Simply to exist, the houses must adhere to strict zoning regulations and obey a variety of sanitary and fire codes that entail substantial expenditures and exact careful compliance. The knowledge that boys and girls live together with young counselors—and the noise that inevitably comes from a place where there are half a dozen adolescents—makes each house a focus of attention for worried and suspicious neighbors. Each of the young people who is placed in the house is subject to the authority of court-appointed officers; an individual or a house's offenses against a particular probation officer's or social worker's prejudices—as well as actual offenses—may precipitate the removal of a young person. To insure its survival, the group foster home must be cleaner and quieter than its neighbors. The young people who live there must be better behaved than their peers next door, and more careful about what they are seen doing.

There are also more subtle influences of the community on the houses. The economic status of a particular neighborhood, the kind of dwellings, the color of the people who live there, the composition of households, their ages, the community's political climate, the attitude of the police, the quality of the schools, the extent to which there is a self-conscious and supportive network of counterculture services. All of these factors have powerful effects on the group foster home.

As one of a number of social service projects in a large, nonhierarchical, collectively run organization, Frye House and the people who lived in it were both responsible to and supported by other counselors and young people. The collective structure of the larger organization provided a model for changes within Frye. Including young people in decision-making was an extension of the franchise, a reaffirmation and deepening of principle by counselors and young people rather than a departure from it. As a result of these changes in Frye, young people in all the projects were included in collective-wide policy decisions, and given a voice in selecting their own counselors.

The structure of the collective and the proximity of a network of alternative services—free clinics, job cooperative, free school, community newspaper, antiprofit businesses—provided a larger world which sustained the democratic and participatory values of the group foster home.

Still, there were aspects of living in a city that were alien and threatening to teenagers who came from suburban schools and neighborhoods. The

heavy urban street scene—drugs, prostitution, violence—that existed side by side with the counterculture exerted a powerful and sometimes destructive pull on some of the young people, tugged at the fabric of countercultural values. Some young people, though happy in the house, continually hungered for more familiar parental figures, a more settled and conventional life.

In my first months at Frye House the counselors often seemed caught between the young people and the probation officers and case workers who supervised their placement. They were defensive with these officials, angry at their intrusions, protectively vague in their responses to questions. Sometimes they transmitted the anxieties they felt to the young people, insisting too loud and long that they "shape up" to protect the house's reputation with the case workers. Sometimes the young people complained about the counselors to the case workers, and sometimes in frustration the counselors sided with case workers against the young people.

With the redistribution of power and the changes in rules counselors and young people began to present a united front to the supervisory forces. At first this was largely protective, with each "covering" for the other's derelictions from court policy. But, as the house grew more confident about its policies, it was able, in a relatively unintimidated and undefensive manner, to advance its own beliefs about the young people's right to make their own decisions. There was evidence in Frye's favor: Young people who were labeled incorrigible, who had never been able to stay anywhere else, were able to live at Frye House; some of those whom counselors had refused to force to work or go to school had later, on their own, chosen to do so; young people considered irresponsible, delinquent, and psychotic, were taking part in running a functioning household.

The counselors saw no reason for case workers to impose conventional but arbitrary standards of conduct and morals on the young people who lived in the house. Impressed by the counselors' assurances, respecting the house's success, knowing there was no other place for many of their most difficult young people, many case workers relented; some even seemed converted.

The isolation of Markham in its community contributed greatly to its increasing obedience to the norms of the surrounding suburban community and to their institutionalization in rules and relationships between staff and residents.

Many property holders and politicians opposed Markham as an unwholesome and dangerous addition to the community. In public meetings Allan and his staff again and again had to overcome their objections. These neighbors spurred police to make raids for runaways and complained to them of minor annoyances; to politicians they spoke of drug use, sexual activity, delinquent behavior and noise. As allies the director had a few neighbors and probation officers, people who were for the most part no more committed to the house's survival than they were to traditional and somewhat condescending ideas of child care.

Allan transmitted the constant pressure on him to counselors and young people directly, through strict and detailed rules designed to appease the community and "keep things cool," and indirectly, by self-righteous accusations in the genre of "Look at all I'm doing for you. Why don't you act more grateful?" Some of the counselors shared Allan's approach and his angers; others, painfully sensitive to the young people's reactions but not able to oppose Allan, tended to apologize for him.

The young people banded together with the counselors for special efforts: cleaning the house and the yard before a county council site visit; practicing speeches for a zoning commission meeting. But afterwards they were resentful. The arbitrariness of the rules and their lack of flexibility made the young people feel that they were more the instrument for than the purpose of the house's survival. The director's "guilt tripping" was often a hurtful reminder of attitudes prevalent in their own homes.

Under outside pressure, without the mediation of an extended "alternative" community, hierarchical, male-dominated structures tended to perpetuate themselves. A male director—the only fund raiser and administrator—appointed a male head counselor. Both supervised the work of female counselors. Among the young people in the house, stronger males pushed weaker ones around; and both were ascendant over females. Girls tended to be assigned to cooking and cleaning, boys to garage and yard work. The basic hierarchy between rule-making counselors and rule-obeying (or disobeying) kids was further subdivided in terms of levels of more or less privileged young people.

The counselors tended to go for their emotional, intellectual, and political support to a relatively small group of people in the surrounding community. This helped make the house more a part of the community, a place where neighbors, probation officers, and consultants felt comfortable dropping in. But it also had a conservatizing and confining effect. All house members were under constant if informal and well-intentioned scrutiny. The director felt compelled to accede to the wishes of the probation officers who supported his program. At virtually any hour he would accept "referrals" from them regardless of the objections of the young people in the house.

The young people feared the closeness of the counselors and probation officers for other reasons. Perhaps secrets told to counselors would be revealed to the probation officers, who could return them to detention centers and reform schools. More generally, the expectations and standards of educated middle-class white counselors and probation officers, and of their neighbors and advisors, were inappropriate for or intimidating of poor and/or black young people.

Leaving

Leaving is a constant issue in group foster homes for adolescents. Only the youngest of teenagers does not feel the pressure or the pull of the "some

day" when he or she will be "on my own." In my experience, only the newest of counselors or the most settled of couples does not wonder "what's next for me?"

For the most part young people left Frye when they were ready or felt ready. The right to leave was as important and as respected by counselors as any other right. Generally, their purpose was to understand and facilitate the young person's choice, not oppose or influence it. When they disagreed with a decision they tried simply to say so and explain why. For young people who wanted to leave before they were 18, the counselors simultaneously worked both for legal emancipation and a kind of trial separation: They wanted the young person to be free to go, but for at least a month they tried to keep a place open in the house in case he or she decided to return.

The same philosophy of respect for the young person's rights and wishes made it reasonable for the counselors to fight to keep young people who felt they needed to stay beyond their 18th birthday. Sympathetic case workers and probation officers facilitated continued financial support in some instances; where this was not forthcoming, the counselors and the young person tried together to raise the necessary funds.

Young people who were neither forced out nor bound to the group foster home had both the time and the freedom to work through some of the conflicts that beset separation. Ellen, for instance, was able to "decide to leave" half a dozen times. She rejected the counselors in word—"The only reason you want me to stay is because of the money"—and deed, taking off several times for a night or a week, and discovered that she was not rejected. In house meetings she expressed harsh rigidity in her own ideas about separation ("People who leave," she said, "shouldn't be allowed to just drop over to eat") and heard them mitigated by others—counselors and young people—who wished to provide continuing emotional support to former residents.

In the daily attention the house and the larger collective paid to former residents—allowing them to come to eat, to attend group meetings, or to stay overnight, asking them to act as volunteers or paid workers in the runaway house or job cooperative—Ellen was able to see that the rejection she advocated (and perhaps feared) would not be visited on her. When she did leave at 17½, after three years, Ellen *knew* she could depend on Frye House's support.

This continued feeling of a connection which supersedes and evolves beyond separation was also present among counselors and consultants. My own experience is perhaps illustrative. During the time I was there I was intensely involved with the house as a whole and the people in it. I was at once facilitator of group meetings, and a friend and advisor to individuals. After group meetings I ate dinner at the house, sometimes went for a walk or to a movie with individual members. Sometimes on weekends, house members would come to visit me. When I asked two friends of mine to take my place as consultant, I had the feeling I was "inviting them into the family" as much as I was asking them to do a piece of work.

For a while after I left, I kept in touch with individual house members but stayed away from the house itself. I felt a little strange, unsettled in my relationship to it. I was accustomed to a certain dependency in the house's relationship to me, and, I realized, a position of authority. How, I wondered, could I fit in without being so central? After a few months I began to relax into a new role, as an avuncular member of an extended family, someone who is "there" for the house, a part of its growth and, if needed, a present support—a reminder of its history, and a promise of continuity.

Markham House's tendency to extrude deviants who wanted to stay was cruelly caricatured in its difficulty in letting go of those who wanted to leave. The fitful behavior that preceded or accompanied a decision to leave was often met with renewed attempts to control the young person. Unless he or she was especially careful or shrewd or patient, the young person fell victim to a kind of "Catch 22": The more the young person asserted independence, the more likely he or she was to lose privileges and be restricted. Finally, when the young person—furious and disillusioned—rebelled against the whole system of authority and control and committed "a very serious violation," he or she was kicked out.

Lacking the proper emancipation papers, labeled as "irresponsible," some of the young people were remanded to still more confining situations. The counselors, meanwhile, were depressed, bewildered, and resentful. What could they have done differently? Why did the young person act that way? They had lost the control they thought so necessary to helpfulness and were left only with the bitterness of blame.

For some this final disappointment colored the whole experience of having been at Markham. Even if the young person had concluded that much of the time spent there was helpful, the resentment—sometimes embarrassment—that characterized his or her departure made it virtually impossible to use the home as a support in the months of uncertainty that followed leaving. Some came to depend on individual counselors or professionals (including me) whom they'd met while in the home. Many more, among them some of the most troubled and despairing, withdrew in disillusionment from contact with any "helping" people.

Conclusion

Alternative group foster homes are both heir to a tradition of child placement and a challenge to it. They are providing places for young people who have not been able to live with their parents or foster parents, who would otherwise be—and often have been—institutionalized in mental hospitals and reform schools. Instead of helping them to adjust to a social structure which had already defined them as deviant, counselors in these homes are trying to discover, and to create with the young people, a new microsocial structure.

My experience at Frye and Markham has helped me to understand the variety of factors which facilitate or retard this process: the political and

moral climate of the surrounding community; the support of other workers engaged in a similar enterprise; the organizational structure of the group home itself; the real commitment of counselors to the rights of young people; and the integrity and courage with which they persist, against the odds of overwork, abuse, anxiety, and convention, in respecting each of them.

If they are able to resist the false promises and restricting bonds of parent-child or therapist-client relationships, counselors in these homes can provide the emotional support of respectful mutuality. Understanding that they cannot have "the answers," they may be able to live and work with—and learn from—young people in a way which helps all of them to value and make sense of their common experience.

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the group foster home:
An Alternative to Mental Hospitalization for Adolescents

Each year over 100,000 adolescents are hospitalized[1] for "mental illness." Many of these young people could successfully grow to adulthood in the context of a cooperative household rather than as patients in a hospital or "residential treatment center." What follows is a brief account of the way that one group foster home for adolescents, Frye House,[2] served four young people who were diagnosed as "psychotic" or "borderline psychotic." Each of the young people had been referred for institutionalization or continued institutionalization at the time of their entry into the group home.

THE YOUNG PEOPLE

Sixteen-year-old Tom came from a working-class Irish-Catholic family. A tall, thin, long-haired young man, he arrived at Frye House in a state of considerable agitation. In the previous 2 years he had been a traunt from high school and a heavy user of LSD. During the last year he had run several times from a home where he had "always felt weird": "My mother was all over me and I hated that and then sometimes I would want to screw her too. I just couldn't deal with it." He shouted at his mother, cursed her, and spent increasing amounts of time away from home. He stayed with friends and in vacant buildings. Apprehended by the police, he ran again. For more than a year Tom had been experiencing auditory hallucinations, ideas of reference and particularly vivid fantasies of homosexual attacks. He believed that the television and the radio had "special messages for him" and that he had been born on another planet. Psychiatrists who examined him before and during his stay at Frye diagnosed him as "schizophrenic" and recommended "long-term residential treatment."

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[1] See *Statistical Note 115.*
[2] See Gordon, "Alternative Group Foster Homes."

Clyde, a taciturn, serious, stiff-limbed working-class black youth came to Frye House a year after Tom. He had just been released from a training school where he had been sent for 7 months after striking his mother. He denied any problems—"nothing wrong with me that I know of"—but reports from psychologists at the training school focused on a "long-standing school phobia, dating to latency age"; on Clyde's absent father and his ambivalent attachment to his alcoholic and capricious mother; on his moroseness, reclusiveness, and sudden inexplicable fits of anger. Residential treatment was recommended and a diagnosis of "borderline psychosis" was made.

Karen was almost 16 when she came to Frye. A bright and talkative middle-class young woman, she had spent the better part of the previous 3 years in two private mental hospitals. At 12 she had begun to be involved in protracted and violent arguments with her mother over her relationships with older boys. Within a year her parents had had her committed to a mental hospital, citing frequent episodes of running away, drug use, and Karen's anxiety as well as her promiscuity. During her hospitalizations Karen made numerous suicide attempts and gestures. She was diagnosed "schizophrenic" and was maintained for 2 years on phenothiazines. The hospital psychiatrist released her reluctantly, believing that further "residential care" was needed. He suspected that the improvement in her behavior—she was cooperative and affable—was simply a ploy to gain her release, a mask for severe underlying psychopathology.

Lisa, the 17-year-old daughter of an Army noncommissioned officer, arrived at Frye House, in flight from her parents and the psychiatrists to whom they had brought her. She wanted, she said, to live at home but she couldn't obey the rules; she loved her parents "as people" but hated their "hypocrisy and racism, their lack of love." In examining her at a mental health center, one physician had found "autistic preoccupations, loose associations, and marked ambivalence." He had diagnosed her as "schizophrenic" and recommended that Lisa be sent to a State hospital. Only 9 months before, she had been released from a private psychiatric hospital to which she had been committed for prolonged and heavy drug use and delinquent behavior—sexual liaisons, frequent episodes of running away—that her parents could neither curb nor understand. During her 2 years in the hospital she had been treated with moderate to heavy doses of phenothiazines.

All four of these young people (1) bore ominous (borderline or psychotic) psychiatric diagnoses; (2) remained for 1½ to 3½ years in Frye House; and (3) have now been living outside of it for at least 2 years. They represent

approximately one-quarter of the young people who stayed in the House during a period of 3 years, and one-half of those who had been hospitalized (the others were diagnosed as having "adolescent adjustment reactions" or "acting out disorders of adolescence") and the total of those who were diagnosed as borderline or psychotic.

THE GROUP FOSTER HOME

Frye House was opened in 1970 by the staff of a nearby runaway house,[3] to provide long-term residential care for young people who, in spite of individual and family counseling, were unable to live with their parents. Frye House was both an extension of the communal philosophy of the runaway house and a version of the group foster home, a living situation which has generally been thought to be particularly appropriate to adolescents.[4] The founders of Frye House shared the therapeutic ideals of child guidance workers who tried "to identify with the child despite his behavior"[5] and the political activism of the youth movement of the 1960's: The teenagers who lived with them were to be full participating members of their household, as entitled to make policy decisions about their program and their lives as they were to receive therapeutic care and concern.

Each of the young people was placed in Frye House by a local court. In addition to their psychiatric diagnoses some were labelled "delinquent"; others, "in need of supervision"; and still others, "dependent and neglected." For keeping each young person, Frye House received between $350 and $650 a month (depending on the jurisdiction in which the teenagers' parents lived). With a total of six young people in the house at any one time, this provided a working budget of between $25,000 and $30,000 a year. Out of this budget House expenses (including food, rent, and clothing for the young people) and the salaries of two nonprofessional counselors were paid.

During its first year Frye House philosophy and practice oscillated between an informal living situation and a highly structured therapeutic community. As members of the emerging counterculture and youth advocates, the counselors were inclined to live in and provide the young people with a loosely structured commune; confronted with an array of disturbed and disturbing behaviors they briefly adopted the model of a highly structured therapeutic community based on transactional analysis and "re-parenting."[6]

In the fall of 1971, in its second year of operation, I began as part of my research into "alternative services for young people" (runaway houses, telephone hotlines, group foster homes) to consult with the House. My interest in working with Frye House grew out of my previous experiences as Chief Resident and ward administrator on a psychiatric inpatient service.[7]

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[3]See Gordon, "Coming Together," and "The Washington, D.C. Runaway House."
[4]See Fisher, Gula, Jewett, and Scher.
[5]See Taft in Bremner, et al.
[6]See Schiff.
[7]See Gordon, "Psychiatric Miseducation" and "The Uses of Madness."

Like its early proponents,[8] I had learned to value the healing potential of a therapeutic community. Like more recent critics of conventional ward psychiatry,[9] I tended to focus my initial therapeutic efforts on institutional and attitudinal barriers to personal change—on arbitrary and mystified authority. Frye seemed like a place where I could help the staff to drop these barriers and work sensitively and respectfully with the young people with whom they lived.

I began to meet once a week for 2 or 3 hours with all members of the House. In these meetings we talked about whatever came up—house rules, interpersonal and family problems, drug use, sex, etc. As a consultant my initial emphasis was on helping all House members to be, and understand themselves as, members of a functioning living community; to view their behavior as in some ways responsive to the exigencies of that community. Later on, the focus of these meetings sometimes shifted to understanding interpersonal dynamics, and later still, when it seemed both necessary and acceptable, to examining intrapsychic motivation. Thoughts and behaviors were always viewed in the context of current life in the House and of the way each person felt about them, never labelled and isolated as "sick" or pathological. I met separately with the counselors (also once a week) to discuss the interpersonal problems which came up between them.

I consulted with Frye House for 20 months; during the final 1½ years of the period covered by this paper a psychiatric social worker and social psychologist (with whom I continued to confer) took my place.

I have described the structure and functioning of Frye House in detail elsewhere.[10] Here I want to focus on those characteristics which seemed to make the House particularly useful to the four young people whom I have described above. All of these represent goals and ideals, states of being, and attitudes which developed during the course of the young people's stay in the House. They took time and much effort to achieve, were precariously maintained, and continually subject to attack, erosion, and compromise.

1. **A deep affection for the young people who came to live in the House and an abiding concern for their welfare.**

Counselors who have this kind of feeling and commitment can weather a great many interpersonal and organizational problems and move beyond many of their own personal limitations. It is the indispensable precondition for the success of a place like Frye House; without it, all of the radical reforms listed below can become parodies of themselves.

2. **A refusal to exclude or include any one on the basis of any previous behavior, psychiatric treatment or diagnostic label.**

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[8]See Aichhorn, and Jones.
[9]See Barnes and Berke; Cooper; Goffman; Laing and Cooper; and Mosher and Menn.
[10]Gordon, op. cit.

Prior to admission, each young person was interviewed by all the House members, young people as well as counselors. A dinner meeting and overnight stay (or in doubtful cases a stay of several days) followed. Decisions about admission were then made on the basis of how House members felt about the new person. The most important considerations were, in approximate order, how desperate the new person's situation was (the fewer alternatives the young person had, the more likely he or she was to be accepted); how much they liked him or her; and how they felt he or she would "fit in." Only the most obviously violent and aggressively antisocial young people were turned down.

3. **Respect for the right and ability of each young person to work out his or her destiny.**

Counselors encouraged all young people to talk over any major decisions, problems, or aspirations with them. They were likewise committed to helping the young people get what they needed—whether that meant teaching them how to cook and clean, helping them find an appropriate school or apprenticeship program, or locating and then taking them to appointments with a psychotherapist. But it was up to the young people to decide to go to school or work, to enter therapy, or to stay home. They were not restricted as to curfew or activities outside the house. Their decisions respected, the young people were allowed to make their own mistakes and encouraged, in group and individual discussions, to learn from them.

4. **An insistence that the house be run according to principles of participatory democracy.**

Just as counselors wanted to govern the conditions of their own work, so they felt that they and the young people should jointly run the House. They believed that, given this power, the young people would feel a responsibility for a House which was truly theirs. Accordingly, all young people in the House had, from their first day, a full say in making and enforcing House rules; deciding budgets; hiring new counselors; regulating overnight visits, etc. Together, they and their counselors took account of what was necessary for the House's survival in its neighborhood (no loud music late at night, restrictions on numbers of people who could hang out in front, yard cleanup, etc.); satisfactory to the probation officers who placed young people there (no drug use or sexual activity in the House); and adequate to insure the mutual comfort of all House residents (no physical violence, rotating schedules of House chores, etc.).

5. **A willingness on the part of counselors to be rigorously self-critical and scrupulously attentive to derelictions from mutually decided-on rules.**

In a House where consensual decisionmaking had replaced hierarchic rule-making, counselors were tempted to assume peremptory authority,

and young people were tempted to evade commitments they had already made. Counselors had to assert again and again (to themselves as well as to the young people) that they were coresidents, friends (and sometimes guides), not parents and custodians; that adherence to agreements or House cleanliness was important to them as people sharing a living situation, not as "authorities" who wanted to enforce rules.

6. The presence of a consultant (or consultants) who helped shape (or in my successors' case shared) the above values.

The consultant's work was (a) to provide a source of emotional support for all members of the House as a group and as individuals; (b) to provide, at House meetings, an "outside perspective" on the way people were getting along with one another; (c) to remind all House members of their values (participatory democracy, mutual respect, etc.) when, under the pressure of particularly disturbed or disturbing behavior, they were tempted to label, ignore, or extrude one or more of the young people; (d) to convey a sense of confidence that even the most peculiar or troublesome behavior and thoughts could be understood, dealt with, and learned from.

7. The presence of a supportive community outside the House.

In the case of Frye House this consisted, most immediately, of the counselors and young people who worked and lived in the larger organization (a collective of several social service projects, a runaway house, and a second group foster home) of which Frye was a part. These people met House members at organization-wide meetings, dropped by to visit, and were available to help out in a time of crisis. In addition, Frye House was located in a neighborhood of many other counterculture projects (including a number of "antiprofit" businesses), all of which encouraged "youth rights" and practiced participatory democracy.

8. The possibility of a relationship between young people and their counselors and consultants which could continue after any or all of them left the House.

THE RESULTS

During the course of their stay in the House, each of the four young people whom I have described above grew and changed in a variety of ways. Sometimes they seemed to careen from one crisis to another, to become ever more vague, disoriented, and despairing. Sometimes they seemed each day, for several months, to grow more competent, more sociable, more sure of themselves. Sometimes these smooth curves ended abruptly in depression or withdrawal--and then, slowly, resumed. Still, in spite of great individual variation and a rarely compromising individualism, in spite of the

differences in background and length of stay, each of them seemed to pass through five fairly distinct stages.

A Quiet Period of Adjustment

During their first weeks at Frye House each of the young people seemed to adapt easily to the House routine. Unfamiliar with the House, its inhabitants and its rules, frightened of the alternatives to which expulsion would expose them, and gratified to be in a warm, uncoercive setting they tended—in spite of quite dissimilar personalities—to a kind of docility. Each one found a particular counselor to whom he or she could "relate," and all found niches for themselves in House life: Tom's shy sensitivity charmed the counselors; Clyde was a good-humored fix-it man; Karen was a House compromiser and placater; and Lisa became the counselors' pal. All except Lisa (who worked) went to school, and all participated without great stress in communal chores and other aspects of House life. Though Tom regularly saw a therapist at the free clinic and Karen continued to see her hospital doctor, neither they nor any of the other young people took tranquilizers. None of the counselors ever thought of any of the young people as "crazy" or "mentally ill"; they wondered aloud how anyone could ever have diagnosed them as such.

Reawakening of Previous Conflicts

Within 3 to 6 months, each of the young people began to manifest behavior similar to that which had caused them to be labelled mentally ill. Though there seemed to be single or multiple precipitating events—intense and growing intimacy with another house member, the appearance of a new boyfriend, the imminent departure of a trusted counselor—there was also a certain regularity to the appearance of these conflicts. A process, at once transferential and developmental seemed to be unfolding, in each young person and between him or her and the House.

Tom became unwilling to go to school or work. Afraid (lest he be asked to leave the House) to say that he was unwilling, he became increasingly angry. Convinced that Ann, the counselor to whom he had grown close, cared more for House rules than she did for him, he alternated between suspicious withdrawal and furious but oblique accusations. Clyde suddenly began to skip school. When asked why, he complained of lack of carfare, inadequate clothes, and "bad weather." Eventually he stopped making excuses—and almost stopped talking at all and simply stayed home. Karen began an affair with "an older man," an ex-counselor from a nearby project. Back at the House she engaged in endless competitive quarreling with her roommate. Lisa spent increasing amounts of time "hanging out" with fringe members of the counterculture—drug dealers, petty thieves, and prostitutes. When after several days away she returned, she made confused but passionate speeches to her housemates about their "intolerance" and "insensitivity."

Integration Into the House

At first these behavioral changes tended to be seen as items of individual psychopathology and as threats to the House's social order. In House meetings consultants tried to help the counselors and young people to see some of them as communication and as critiques of the House's rules and functioning. This context gave words and acts which had been stigmatized as "mentally ill" a legitimacy and a social utility. It tended to help make the young people who voiced them catalysts to social change rather than social outcasts. Tom's insistence on *his* preference forced counselors to see that in making young people work or go to school they had been enforcing a social convention at the expense of the young people's particular desires and needs. Tom's tirades became an important factor in pushing the counselors to make decisions about attendance at school or work the responsibility of each young person.

This integration was cemented by mutual agreements which were deliberately nonjudgmental and nonclinical: It was alright, Tom's housemates agreed, for him to scream out the anger that plagued him, but he could not stay in the House if he became physically abusive. Karen could spend nights with her boyfriend, but she would have to leave a phone number and let everyone know in advance when she would be gone. Counselors would take Clyde's side in his dealings with the case worker who was threatening him with institutionalization if he didn't go to school, but they wouldn't lie for him. House members would try to be more sensitive to Lisa's needs if she were clearer and more consistent in expressing them.

Time of Experimentation

Each of the young people began to regard the counselors as helpers and critics, friends and guides, people to turn to rather than authorities to avoid. After several weeks of boredom, Clyde sought out his counselor, Fred, to "plan my future." With his help Clyde convinced the case worker and the judge who had previously insisted that he be in school to let him enter an apprenticeship program in electronics. Allowed to pursue her interest in "the older man" to its conclusion, Karen was able to return unashamed to discuss her feelings of desire and dependency with her counselors. Feeling "understood or at least tolerated" by his housemates, Tom began to confide in Ann. For the first time he spoke freely of the isolation he feared and of his sexual feelings for her.

Having tested the House and found it dependable and respectful, the young people began to feel free, as Karen put it, "to experiment with all different areas, with all kinds of different ideas about myself." Previously they had seen themselves as reacting to and defiant of their parents' values—as truants, and failures, "crazies" and sexual adventurers. Now they began to try out more positive identities as workers, students, and political activists.

In doing so the young people made use of virtues that had been latent in their previous, stigmatized behavior. Tom began to study the hypocrisy,

isolation, and emotional rigidity which had plagued him; the perennial truant read—and understood—works by Laing, Goffman, Reich, and Nietzsche. Clyde became as stubborn and single-minded in his work as an electronics technician as he had been in his refusal to go to school. Karen's identification with older counselors prompted her to do volunteer work at the runaway house. Lisa made her attraction to the counterculture (and its philosophy of cooperation) the basis for her first job, in a local collectively run business.

Regression Before Leaving

As the time for their departures from Frye House grew near, all of the young people began to feel the same kinds of anxieties and exhibit the same kinds of behavior that had brought them to the House. Tom quit the job he had found and grew suspicious and short-tempered. Though he continued to work, Clyde could "never find the time to look for an apartment" of his own; Karen "forgot" to tell the counselors when she would be out overnight; Lisa, who had begun to settle into the House, once again began to stay away for days at a time.

At this point consultation was particularly crucial. It was necessary to restrain the counselors from trying to hold on to young people who would soon enough be moving. It no longer made sense to have discussions with Lisa about how she could "become more a part of the House." Instead their efforts with her—as with the others—had to be directed toward helping her separate from the House. The task now was to show them the same respect in leaving as they had in integrating them into the House; to allow them, as their parents had not, a dignity in separation.

FOLLOWUP

Since they have been out on their own all of these young people—with little or no financial or emotional support from their parents, without college education or the prospect of it—have managed to sustain themselves. In the 2 or more years that they have been out of the House, none of them has been hospitalized and none of them has been dependent on either illegal or prescription drugs. All of them have worked regularly; some of them have studied; and all four have grown in directions that were hinted at and sanctioned in Frye House.

Tom has combined his sensitivity to other people's psychology and his concern with "the influences of other worlds" into a growing interest in astrology; he studies with a well-known astrologer who regards him as a gifted pupil. Meanwhile, he lives on his own and supports himself with a full-time job. Clyde's interest in electronics has led him to an extremely successful career in that field. Karen has married a medical student and settled down with him. Lisa continues to work in local cooperative businesses and lives in a commune.

Though one must credit the young people with their self-sufficiency, it is important to note the role that Frye House, its counselors, former residents, and consultants continue to play in their lives. In times of crisis—the loss of a lover, a job, or a place to live; the death of a parent—Frye House residents have continued to look to their counselors, to each other, and to me for support. At first the young people returned to the House itself to eat a meal or stay for days, or even weeks, when there was no other place to go or money to find one. Frye House was explicitly their "home," all of us a part of their family. Even now, 2 years after we have all left the House, this family and its supports continue. Tom thinks of me explicitly as "an older brother and a mentor." To Lisa, her counselor, Jeanine, is "like a sister." When Karen's mother recently killed herself, she immediately called Clyde and Cynthia, another Frye House counselor.

ADDITIONAL ADVANTAGES AND CONSTRAINTS

The form of this paper has led me to focus on overall patterns rather than individual interactions, on movement rather than feelings. Still, it is important to note that counselors (and consultants) were deeply affected by their involvement with Frye House. Sometimes they despaired, as one of them put it, of "ever having what it takes to really be with the young people." Sometimes they felt "high" about good things that were happening to one or another young person, about new understandings that they had reached with each other. But they never seemed to regard their time at Frye as a job or their role as simply therapeutic. Frye was a family to them too, a swiftly changing family of younger and older brothers and sisters.

Others who want to attempt this kind of project, who want to live as openly with troubled and troubling young people, should be prepared for the same kind of investment. It demands honesty, commitment, self-criticism and tremendous energy. It exacts, as the price of self-delusion or insincerity, despairing self-doubt, shame, and ridicule. But the rewards are also great. There is the satisfaction of creating and being part of a unique living situation, the feeling of hope which the young people's growth, when it comes, brings with it. As Cynthia recently remarked, "No one ever puts more into Frye House than she gets back."

It is also important to emphasize that Frye House and settings like it are far more economical than the residential treatment centers and mental hospitals whose former and potential inmates they are housing. Even if counselors are paid a wage that is commensurate with the work they do, even if there are three rather than two of them, the cost per young person will still be only $650-$700 a month. This is one-half to one-third the cost of the average residential treatment center, one-fifth to one-eighth that of private hospitalization.

SUMMARY AND CONCLUSIONS

My experience at Frye House suggests that it is possible in the setting of a collectively run group foster home for nonprofessional counselors to work successfully with young people who have been diagnosed psychotic or borderline psychotic, who have been or who would otherwise be institutionalized. The counselors' ability to work with these young people depends on a fundamental respect for their right to determine how they will live their lives; on the counselors' commitment to continual interpersonal engagement and struggle with them; on the presence of a consultant who shares this philosophy and is capable of helping them to live with and understand a fairly high degree of idiosyncracy and disruption; and on the existence of a supportive system which can grow to meet the needs of the young people even after they leave the House.

In this determinedly noninstitutional context, young people—treated as members of a household rather than patients—have the opportunity to live through and learn from experiences which more conventional kinds of treatment (drugs, institutionalization, behavior modification) would seek to curtail or eradicate.

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alternative services- present and future

Alternative services also, and not incidentally, have served the needs of their own staffs. They have offered the people who work in them the opportunity—sometimes the first they have ever had—to be humanly useful to others; for some professionals they have provided a new kind of working experience, one relatively free from the posturing and strictures of traditional authoritarian roles. To all staff they have been a place to be and something to be part of.

In "Youth Helping Youth" I have traced the evolution of the suburban hotline that I first described in "Coming Together." In particular, I have focused on the interrelationship between the growth and development (over 6 years) of the core group of youthful phone aides and that of the organization as a whole; on the staff's ability to meet one another's changing needs; and their creativity in transforming an organization and developing and propagating a way of working and an ideal. It seems to me that the strength of this organization (and of other alternative services) and its success in responding to the changing needs of those it serves are intimately connected and dependent on the way members of the staff treat one another.

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youth helping youth

IN THE BEGINNING

Hotline was created in 1970 because a group of sympathetic professionals was dissatisfied with the services its suburban county provided its young people. The interagency committee they served on saw a 24-hour phone service as a source of information and referral for medical, social, and legal problems; an opportunity for anonymous crisis counseling, and perhaps a catalyst for developing other, more direct services. It would be staffed primarily by young people, volunteers who could sympathetically answer their peers' questions—about drugs, birth control, abortion, etc.—and direct them to appropriate services.

Dorothy, the social worker who chaired the committee, became hotline's chief advocate, the one who promoted its sponsorship by the mental health association. Alice, the social worker who went into the junior and senior high schools to recruit young people, was selected as the hotline's coordinator and only paid staff member.

For Dorothy, hotline was initially a way of making services accessible to young people. For Alice it was a turning point in her life. For a long time she had been the "crisis lady in my neighborhood," the one to whom the kids came when they were in trouble. As she talked with the young people she recruited for hotline, she realized that in spite of their problems "youth have so much insight . . . people just don't take the time to respect what young people know." Unfulfilled at a health department which restricted her attempts to work directly with people in their own communities and homes, unhappy in her marriage, she embraced hotline. A part-time job became a full-time job and more.

Alice separated from her husband and created a new home at hotline. She covered frequent eight-hour shifts on the phones and supervised and trained the teen-agers who worked the other hours. She wrote budgets, visited schools, and politicked with the mental health association and the county. When any of her young phone aides had trouble with a caller or with themselves, they got in touch with her at any time, night or day. They called her Ms. Hotline and looked to her as a second mother.

GETTING INVOLVED

The staff came to hotline by various routes. Some were recruited by Alice; others called for help and wound up volunteering. Still others "just heard about it" from friends who had read about hotline at libraries or on school bulletin boards. Those phone aides who came to hotline in its first year or two were at once idealistic and needy. Many saw themselves (and were known by family or friends) as good listeners or helpers or the one to come to when you had a problem. They wanted to make the world a better place or to help people.

More immediately, however, they were feeling disappointed with lives that seemed bereft of meaning and purpose, disillusioned with conservative or "redneck families which disapproved of their politics or lifestyles. "Bored all the time," "sick of school," they were, as one of them summed it up, "kind of in a lousy place." Some—at age 15, 18, or 22—were in the throes of leaving their parents' home; others were dropping out of schools "where nobody seemed to teach you anything"; one had been "partying for four months" after returning from Vietnam; another, after having been deserted by a girlfriend, had just recovered from what he described as several months of "psychosis." Several of them had been involved in violent, pointless delinquent acts.

A NEW FAMILY

Once at hotline these phone aides discovered an acceptance they had rarely, if ever, encountered. Many of them had considered themselves "weird" or "strange," "sensitive" or "actually nuts." At hotline no one seemed to notice. In fact, as the phone aides got to know each other and Alice, they discovered other people who were like them: "When I came to hotline," one phone aide told me, "I first realized that there were other people in the world that were sensitive, and had the blues and stuff."

Their work with callers, the purpose that bound them together, was a source of gratification and education. A referral to an abortion clinic or a sympathetic lawyer was so obviously helpful; a "thank you" at the end of a long talk with a lonely and suicidal teen-ager was incredibly satisfying. As they spoke with young people who had problems like their own, they learned about themselves. They drew on their own experience—hassles with school or parents, bummers on drugs, fears of sex or abandonment—to relate to the callers, and came to value it more. In urging anonymous young people to face situations and confront parents and seek out resources, they were reminding themselves to do the same.

In the time when they were not working the phones, the staff shared with one another their encounters with obscene and suicidal callers, with people who were freaked out on drugs or had been beaten by parents. The tense and threatening situations that they faced—and the ethical necessity of talking about them only to fellow phone aides—bound them closer together.

After a long week in school and on the telephones, they partied. Sometimes they got high and played complicated fantasy games or recalled and reenacted the cartoons of their childhood; they nicknamed each other, sang songs, and generally let loose.

In contrasts to families and schools which insisted on ambition, conventionality, and a show of invulnerability, hotline permitted altruism and relaxation, sanctioned discomfort, embarrassment, and anxiety. "It was the one place in my life," a college student commented, "where there were people that were sensitive and that would take you for what you are . . . friends that you could really get to know." "It was," said Alice, "a place where I found people I could really love, that could love me back for what I was and not for what I was supposed to be." Even quarrels seemed enriching. Young people who were prone to violent acting-out learned how to put feelings into words: "I could say what I meant and someone would listen, so I didn't have to beat up on anyone." "Hotline People," another phone aide remarked with satisfaction and awe, "really call you on it when you're wrong."

TAKING ON RESPONSIBILITY

Though committed to respecting young people and their abilities, Alice continued for more than a year to oversee the details of virtually every aspect of hotline's operation. Even after a dozen phone aides had begun to be paid (a minimal hourly wage) for supervising each shift, she was still working late most evenings. She attended all committee meetings, recruited professional consultants and new phone aides, and made all of hotline's policy decisions.

In the fall of 1971 Alice asked me to consult with hotline. She wondered if I was interested in talking to phone aides about the serious mental health problems of their callers. When I asked about hotline and her role in it, she told me that she was overextended, that she wanted, but was not sure how to get, more active participation in decision making from the rest of the staff. I suggested that she begin by letting the phone aides—not her or me—figure out how I could be most helpful.

Eventually, 15 phone aides decided they wanted me to lead a group in which they could talk about personal as well as phone-related problems. They felt that they needed a time to share some of the pain that dealing with troubled people brought them, an opportunity to explore in greater depth some of their relationships with each other. Soon word of the group got around. Phone aides who were in crisis dropped in. Group discussions about staff conflicts and organizational problems were brought back to Alice and the rest of the phone aides.

After five months some members of this group decided they wanted more responsibility, a more active role in setting the policy which would govern their work. They catalyzed the creation of a monthly meeting in which they, the rest of the paid staff, and Alice could discuss these issues.

In the context of this group Alice and the paid staff were able to talk more frankly with one another. She acknowledged her anxiety and possessiveness and began, step by step, to relinquish some of her control over hotline. As she did this her personal relationships with the young phone aides became more reciprocal; when Alice and her own children were at odds she now felt comfortable asking the phone aides for their help. The "second mother" became a friend and comrade.

Slowly the paid staff evolved a new philosophy of participation. All decisions about hotline policy and organization were to be made by the paid staff group. They in turn assumed the responsibility for stimulating the participation of the 50 volunteers. Hotline was, as one phone aide put it, "about communication and sharing": their fellow workers deserved no less respect than they gave their callers.

The participation in decision making, the sharing of organizational responsibility, and the growing intimacy among phone aides and their coordinator transformed the organization. High school students and college dropouts took over committees which had previously been chaired by professional consultants. They shaped selection and training to suit the needs and fears that they had had as new phone aides, emphasizing the building of trusting relationships, empathy skills, and role playing over accumulation of technical knowledge of community resource information. They traveled first with Alice and then by themselves to give talks at churches, high schools, and civic organizations.

To train and educate others they had to learn for themselves. Teenagers who rarely read poured over books on suicide, attended workshops on nondirective therapy, community organization, and grant writing. They began, with Alice, to write grants and negotiate with health department officials; they testified before legislative hearings and served with professionals on countywide committees.

MOVING OUT ON THEIR OWN

There had always been tension between the hotline's free form, hang-loose young people and the older, more staid, and conservative mental health association. In earlier days phone aides had partied in the office and played practical jokes on the association's executive director. As they assumed more power, they began instead to express their irritation more directly. They resented the mental health association's potential (though rarely used) veto power over hotline policy and were impatient with its fussy bureaucratic ways. By 1973 they were involved in a concrete struggle with the association.

The phone aides, Alice, and several of hotline's professional consultants had evaluated the county's needs, hotline's, and their own: Everything

pointed to the importance of creating an extension of hotline, a crisis intervention service. This outreach program could put phone aides in immediate personal contact with people who were too frightened or alienated to seek out the services they needed; bum trippers, rape victims, potential suicides, battered wives and children. The phone aides found consultants to help them learn face-to-face counseling and enrolled in courses in emergency medicine. After months of training, they petitioned the mental health association to allow them to proceed with the program on a trial basis.

By the beginning of 1974 hotline was ready to move. The expertise of the phone aides, their confidence in their ability to manage an organization collectively, and their impatience with the mental health association's "studies" of outreach all spurred them on. In planning and executing their departure, setting up a new office and its procedures, the staff drew closer together: it was now really their hotline.

During the year after hotline incorporated, a process of organizational expansion and differentiation took place. An administrative assistant was hired, a board of directors elected. When, in the spring of 1975, money from the Comprehensive Employment and Training Act (CETA) became available, three of the core group of phone aides were hired as full-time coordinators. One was in charge of volunteers, another of training; the third, Derek, was to develop the outreach program.

THE OUTSIDE WORLD

Most of the rest of the core group continued to volunteer their time for outreach (which began in January of 1975) and/or the board of directors, but some resigned their active work on the phones. The declining economic situation and their growing confidence in their abilities combined to encourage many of them to seek full-time work in counseling or related fields. Some became directors of or workers in other alternative service projects. Some took jobs in hospitals. Still others returned to school to take courses in education, social work, and psychology. Individual needs and aptitudes were becoming careers.

Some phone aides were shocked and troubled by the impersonal and competitive world outside of hotline. Employers were unresponsive, if not downright hostile, to the openness and candor which they had come to value. Their fellow students seemed so "apathetic," their teachers so uninterested in suggestions for making curriculum relevant to the problems the students and their community faced. "You have to remember," one phone aide, a pre-med, reminded them, "that school is like urinating. You don't talk to the guy in the next urinal. You do what you have to and move on."

Though they sometimes wondered if hotline wasn't "unreal," "too touchy-feely," they were sure that their time there had been good for them,

that it had provided them with a home and "a family to grow up in." "It was like hotline was a therapeutic community for us," one of them told me. "It was a super-caring and protective environment. We needed it and it nurtured us."

After the initial shock of confrontation, they began to feel more confident in dealing with, and sometimes influencing, situations in the outside world. Five years before similar people would have made them feel weird and withdrawn. Now they could "accept them for what they are: hotline teaches you that people are very much alike and it gives you communication skills to deal with the barriers and the hassles." When they remembered not to push too hard or too fast, they could be remarkably effective. One phone aide singlehandedly organized and obtained community support for a runaway house in a particularly conservative area of the county; another succeeded in obtaining sizable government funding for the project.

In moving back out into their communities the phone aides have begun to get in touch with their "redneck" roots. One works on an ambulance with a fire company that he could "never have handled a few years ago.... Hey man, these people are racists, sure, but at least you know where they stand." Another waits on tables in a country music bar: "Those are my people," she said the other day, "tobacco farms, Saturday night partying, beer drinking, pickup trucks—that's where I come from." Still another former phone aide, long-haired and bearded, found himself confronting his landlady about her prejudice against hippies, and managing to get her to see that he was really "okay... just like other folks, except maybe a better person to rent to." When they run into obstacles that seem too great to overcome, these former phone aides are still able to turn to one another for support.

Over the last year hotline has become increasingly visible as an advocate for young people's rights and as an exemplar of an alternative philosophy of human services. Its workers spearheaded the development of a countywide coalition of alternative services and it has lent its now considerable weight to community groups which are under pressure from county or state bureaucracies. Alice and the phone aides have taught classes in local public schools and colleges and even in professional schools of social work. Their outreach program is respected by the county government and its police and fire departments as well as by alternative services. They have trained nursing students in community resources and police officers in crisis counseling. By the summer of 1975 hotline phone aides had gained places on boards of local hospitals, mental health services, mental health and social service advisory committees.

During this time Alice, Dorothy (who became an activist board president when hotline went on its own), and the coordinators spread the good news about hotline's way of working. It was, they said, "an experience of living and learning... a relationship," an organization based on "participatory decision making." But they were beginning at the same time to wonder if hotline was indeed living up to the values that it was propagating throughout the county.

MORE CHANGES

Alice no longer felt so excited about hotline. The services, the training, and the administration seemed so "together," but something was missing; maybe it was the old phone aides leaving. No one seemed to challenge her anymore. The present phone aides did their jobs and did them well, but so many decisions seemed to be left up to her and the coordinators: "Sometimes I think we could do anything and nobody would say 'boo.'"

Meanwhile many of the young people who had grown up with hotline were also wondering what it was all about. The four paid coordinators and the administrative assistant, the bookkeeper and the public relations releases sometimes made them feel like they were just another health department or mental health association. The coordinators seemed to have so much knowledge and power. Since they were at hotline all the time and knew so much, how could anyone else really participate as an equal in making decisions? Things were efficient, sure, but it was no longer their hotline. Dorothy, Alice, and the other coordinators, old and close friends of theirs, seemed to them to be forming "some kind of elite."

There was dissension among coordinators too. The training and volunteer coordinators, feeling that Alice and Derek were making all the decisions about policy, tended to retreat from overall responsibility. Meanwhile, Alice and Derek were feeling beleaguered. Sensing the discontent, not knowing what to do, they alternated between angry withdrawal and frantic efforts to get all the phone aides involved in decision making.

New phone aides had, on the other hand, assumed they were just there to work the phones. They were puzzled and resentful at efforts to get them to take responsibility for hotline's organizational policy. People had told them that hotline was a family, a cause, and a movement, but they didn't really feel it. For them it was simply a place to do useful work and to meet their friends.

I realized as I listened first to Alice and Dorothy and then to the others that I too had lost the feeling of hotline as a cause and a community. I enjoyed the avuncular role of board member but no longer the hard work of paid staff meetings. I wasn't pushing the staff to understand what was happening, to live up to the ideals which we had set ourselves. Once I realized this, I began to work again, to pay attention to the mood as well as the words, to urge coordinators and phone aides to question one another.

First Dorothy confronted Alice and Derek about their arrogation of authority. They in turn confessed their dilemma and asked for help. "Challenge us," Alice pleaded at paid staff meetings. "It's your hotline too. We've all got to own it."

"If you really want participation, then you've got to find out what the people want," one phone aide said in response. "We made hotline what it was. We can't just take the philosophy and say to them, 'This is our philosophy and it's law. We're the people who started it and created it and if you don't like it, get lost.' We can't just invite them into the circle. We have

to open it up. We made hotline what it was and now these new people will have to do it too. It'll be different maybe, but it'll be theirs."

In the last two months, the drift toward bureaucratization and alienation has been halted. Old phone aides have begun to share their history and hotline's with new ones, many of whom turn out to be just as interested in being part of hotline—in making it part of them—as they once were. Meetings of all staff, paid and volunteer, are being held to discuss and re-evaluate every aspect of hotline's philosophy, service, and policies; in them, the coordinators have begun to ask questions instead of delivering speeches.

Instead of retreating under the cover of administrative responsibility, coordinators are once again taking phone shifts. Phone aides who had left are being invited back to act as consultants. Alice and Dorothy are filled with energy and the office is alive with talk. Once again, it's exciting to be around hotline.

CONCLUSION

Six years ago answering phones at hotline offered troubled young people and dissatisfied professionals meaningful work, intimacy, and a sense of commitment; working together to help others, they resolved crises in their own lives. Gradually the phone aides created a community which could support them emotionally and financially. In a service based on respect for its clients' right to self-determination, they evolved an organizational philosophy of mutual respect and consensual decision making; in a determinedly nonprofessional and antibureaucratic setting, they developed therapeutic and administrative skills, personal confidence, and a heightened capacity for criticism and self-criticism.

In recent years phone aides have put what they learned to good use. The needs they brought with them and the talents they discovered here become the basis for careers in counseling and community organizing. The organizational philosophy that evolved out of their relationship to one another has become the underpinning of their work in the larger community which hotline serves. Finally, and perhaps most importantly, they have been trying to resist the temptations of complacency and privilege which come in the wake of organizational longevity and success and to keep hotline as responsive to the needs of its new phone aides as it has been to theirs.

"Alternatives in Transition" may be read as a followup to "Coming Together," a longer and wider perspective on the growth and development of alternative services. When I wrote "Coming Together" I had spent 2 years working intensively with several projects in the Washington, D.C., area. "Alternatives in Transition" reflects 3 more years of experience with these projects as well as study and consultation with a number of programs in all sections of the country.

Where "Coming Together" was a history, an introduction, and an encomium, "Alternatives in Transition" is a recapitulation, critique, and exhortation. Published in a slightly different form in C/O: The Journal of Alternative Human Services *(Vol. 2, No. 3), it was addressed specifically, and at times urgently, to the workers in alternative services who read that* Journal. *It is reproduced here with permission.*

alternatives in transition

As alternative services have won widespread support and provoked imitation, as they have grown in size, numbers, and organizational stability, those of us who work in or with them have become vulnerable to the dangers of cooptation and bureaucratization, to the bad habits and compromises of those to whom we were supposed to be an alternative.

Over the last couple of years I've become increasingly aware of these dangers, habits and compromises. I see them in the projects I regularly consult with and learn from, catch glimpses of them on my visits to groups around the country, and feel them in myself. It is very tempting to disregard criticisms that seem clamorous and disruptive; to continue to do things a certain way because it's "efficient" or "we found that it works best"; or to accept money on the conditions under which it is offered. It is a continual struggle to remain responsive to the needs of those one is serving; to resist entrenched power, or ideas—including, and perhaps especially, one's own; to treat one's new and often far less experienced coworkers with respect; and to act with integrity and strength in dealing with the "outside world."

HISTORY

Alternative services began in the late 1960's with clear dissatisfactions, concrete services and vague longings. Most were created by non-professionals in direct response to the needs of disaffected and homeless young people. Welfare departments, emergency rooms, and mental health clinics ignored these young people and their problems, gave service to them at the cost of condescension, labelling and coercion. In alternative services we tried to offer them what they needed—medical care, information about drugs, counseling, a place to crash—in a respectful and loving way.

There were few distinctions in the first alternative services between helper and helped or among those who offered their services. A teenager who was on a bum trip one night might talk someone else down the next; middle-aged physicians took orders from twenty-year-old street freaks. Alternative services were places to serve with dignity and be served without stigma. To young people whose lives were in constant flux, they were an anchor; to those of us who volunteered our time, they seemed an affectionate and chaotic family, a

place where, for once, we could determine how we were going to work with people.

Workers in the first alternative services were outraged by the destructiveness and hypocrisy of United States foreign policy and the indifference of the American government to the needs of its own people. My friends and I had the sense that our nights of suturing and trip-sitting at the Haight-Ashbury Free Clinic were a complement to our participation in the civil rights and antiwar movements, a protest on behalf of young people.

The Vietnam War came slowly to a close and, with it, a period of unprecedented national wealth. The counter-culture—no longer able to live off the society's surplus—began to fade. Alternative services survived—and thrived. Without a major national movement for economic and social justice or against imperialism, many people turned their energies to local human service projects. In a time of growing privatism we tried—as full-time staffs, volunteers, or consultants—to get ourselves together at the same time that we worked collectively to help other people get themselves together.

As time went on, alternative services won wide support and emulation. Their success in relating to young people who were otherwise "unreachable"; the obvious dedication of their workers; and—perhaps above all—their low cost made them attractive to funding sources. Legislators were prodded into appropriating "drug abuse" and "mental health," "law enforcement" and "runaway" money for youth. An increasing portion of it went each year to alternative services.

In some projects debates raged about which government agency it was "correct" or at least permissible to take money from. The Law Enforcement Assistance Administration's "counter-insurgency" programs had made it off-limits to many groups; "drug abuse" money was tainted with forms which identified clients. But many newer projects tended to ignore or gloss over these distinctions: Jobs were scarce, money was money, and "Our job is to help people, right?"

In recent years a further rapprochement has taken place. Few alternative services were able to survive without government subsidies; and Federal—and sometimes local—governments have become more benign in their policies. Bureaucrats and mental health and social service professionals, who once worried about their development, are eager to work with these new "service delivery systems."

In the space of half a dozen years a few projects in university towns and hip neighborhoods of large cities became thousands serving millions of young and not-so-young people in their communities. These projects began to form local, state-wide, regional and national networks and coalitions. Conferences were organized and newsletters and journals, including this one, published. In Washington the National Youth Alternatives Project spoke on behalf of alternative services. If they were not always welcomed, alternative services were, nevertheless, becoming a recognized part of their local communities and the national human service scene.

Staff members who once worked a hundred or more hours for room and board and a few dollars a week, could now afford to live in their own apartments; some of them made a living wage for a livable week's work. They became skilled in techniques that were once the property of professionals—individual, family and group counseling; emergency medical procedures; organizational development and administration. They opened new projects to help meet the changing needs of their clients. Project founders and on-the-line workers became directors and supervisors, coordinators and trainers, national organizers and networkers. New workers, five to ten years younger, more likely to be college educated than street smart, came to take their places.

This transition—from opposition to the government to government funding, from movement to stability, from the anarchy of the counter-culture to the structure of quarterly reports and evaluation forms, from non-professionals and volunteers to new kinds of professionals—has been very fast and at times bewildering.

OBSERVATIONS

Higher levels of funding have made it possible for some project workers to devote themselves to training, administration and liaison work with other agencies and community groups. This has helped to increase the skill of new workers and strengthen the position of alternative services in local communities. But, it has also tended to remove the most experienced workers from the day-to-day running of the project and from the people whom it serves; to create hierarchies and "middle managements"; and at times, to compromise work with people.

Some administrators have become impatient with "collective process." Eager to keep things efficient and orderly, they tend to present finished plans and formulated policies. Rather than commit themselves to experiencing concrete and difficult situations with line workers and clients, they tend to remain aloof and controlling. Uniform procedures are substituted for innovation; solutions which once worked in similar situations are invoked.

New workers—to whom "participatory democracy" may have an archaic ring—have no way of knowing that the nature of their work would be different if they had more control over the policies that governed it and the purposes for which it was undertaken. Therefore, they are often content to allow others to "assume the responsibility" for overall management and planning; then they can be "free to work with people."

Even when the split between direct service and administration is "acceptable" to all, it has untoward consequences: Line workers who grow accustomed to following guidelines laid down by those above them in a hierarchy are more likely to demand the same acquiescence from those with whom they are working. Workers who don't feel the desire or need to be in control of the conditions of their own work are less likely to want to make clients part of the organization's decision making process, or indeed, to encourage

them to demand control in their own working, living and educational situations.

More often the split becomes frankly divisive. Line workers may respect the knowledge of their supervisors but, like other workers in this country, they resent the higher salaries, better conditions and greater power of those above them. Meanwhile, administrators and coordinators feel beleaguered. They withdraw to each other's company and to work that is ever more removed from the day to day functioning of the project, its line workers and clients.

In a number of projects there is a growing tendency for both line workers and administrators to regard their work as simply that, a job. Formal systems of accountability are embraced as a replacement for, rather than a catalyst to, shared commitment and personal trust. Without this shared commitment to the needs and rights of the people we serve, and to one another, we are all easy prey to a self-satisfied and authoritarian professionalism.

Even while we insist that clients give "I-messages," we may be beginning, as mental health and social welfare professionals often have, to ignore those I-messages which don't fit into convenient categories. Line workers in many projects are becoming increasingly reluctant to deal with troublesome clients. They and their supervisors justify their decisions with categorical statements that are often self-fulfilling prophecies: "We just can't deal with . . . violent kids . . . or obscene callers . . . or chronic schizophrenics . . ." The echoes of the mental health clinic are painful.

Chronic financial problems made most alternative services defensive and reticent in dealing with the agencies which do or might fund them. There has always been a great temptation to develop—often quite hastily—policies and programs to meet the needs of a funding source; to accept without challenge constraints on services in return for support. Everyone would have to deal with changes and compromises, later on, somehow. Disunity and distance between staff members compound this reactiveness. Proposal writers who are not intimately familiar with line work will be less sensitive to the effects of their negotiations on that work; people who have become "professionalized" may not appreciate the anguish that detailed reporting requirements and restrictions may bring to line workers and clients.

Workers in alternative services—and many of us consultants and "technical assistants"—have not only submitted to strictures that seemed necessary, but have sometimes unwittingly reinforced and unnecessarily anticipated them. To comply with demands that have not yet been made some projects have excluded workers from their boards of directors. To demonstrate increasingly favorable "cost-benefit ratios," others are enforcing rigid rules about length of stay: "We have to have a deadline," the staffs of several runaway houses have told me. "We can't see fewer kids than we did last year."

The process of "mirroring" and anxious anticipation is apparent in the language that some alternative service workers are beginning to use to describe themselves and their work. If "heavy" and "far out" now seem

hackneyed and imprecise, if "power to the people" is, in 1976, a bit stale and rhetorical, they at least were graphic and colloquial. "Impact," "needs assessment" and "cost effectiveness"; "acting out" and "repeater": This is the language of bureaucracies and institutions, words whose habitual use can foil communication, and obscure and demean the concrete reality of people and their projects.*

It is reasonable to expect that what happens within projects and between them and their funding sources is going to be reflected in the operation of the coalitions and networks that they form. Certainly this seemed to be the case at the most recent convention of the National Network of Runaway Youth Services.

When the Commissioner of the Office of Youth Development spoke of a "marriage" between the Government and alternative services he was loudly applauded; but no one really seemed to know what he meant. In an apparent reaction to his words the convention agenda was changed so that a major part of it could be devoted to discussing relationships with the Government. Many of those who were invited felt puzzled and disappointed by this change but powerless to do anything about it. They wanted time to get to know one another, to share ideas and aspirations, but they were told by those in charge that decisions had to be made and resolutions passed.

By the end of the conference a talented and dedicated group of people had wearied themselves with endless caucusing and had grown cynical over factionalization. Though they tried hard to do what was asked of them, many youth workers and many of the young people they invited to participate became suspicious of one another, fearful of a "national politics" which seemed alien, dangerous, out of control. The convention elected officers and passed resolutions (some of which the steering committee has since rescinded). But, sadly, it did not bring people together or give them much chance to find out and discuss what was important to them.

ALTERNATIVES

Though the present moment is frought with possibilities of stagnation and bureaucratization, it is also a time of opportunity. Alternative services are fast becoming an important resource, not only to the people who use them but to the government agencies and charities which fund them. By and large they can provide better service at lower cost to more people than more traditional institutions. The push for "deinstitutionalization," the increasing public concern about "teenage alcoholism," the growing emphasis on "foster care" and "delinquency prevention," and the inevitable need for job programs for young people: All augur well for the future of alternative services.

*Nor are they necessarily impressive to all bureaucrats. A half dozen whom I know are all but baffled by the proposals and reports that they are beginning to receive from alternative services: "We read stuff like this all day," one told me. "I thought alternative services were different. Why," he complained, "can't those people just tell us what they're doing?"

Within individual projects, greater skills, stable administration, and relatively secure funding have created a space in which people can look at their organizations and make them more responsive to their clients' needs; a time in which secure leaders can use their authority to help bring about necessary changes; an opportunity for expanding and solidifying a community base.

The first workers in alternative services needed no "consciousness raising" to relate to the problems of the young people who came to them. But time, size and success tend to stale responsiveness. Hemmed in with habits of thought, feeling and organization, we must sometimes struggle to be open to the people we are trying to serve.

We can pay attention first to the ways we keep ourselves from fully experiencing them: the way we may categorize and objectify a person who is experiencing the "kind of" problem we have seen many times; the anxiety we feel when dealing with someone very different or threatening; the way we rush to fill up the silence of our helplessness or someone else's despair.

We can do simple things to help ourselves to know their lives more directly, to spring us loose from our routines and our fixed perspectives: schedule some family counseling sessions in people's homes; take a walk with a troubled young person whom we would ordinarily speak to in a "counseling room"; spend time in a local high school or nursing home; do on the line work or house coverage in a project in which we are usually administrators or consultants.

We need also to pay attention to ourselves as a group to create a time when everyone who works together—and the people we work with—can get together: a safe place to talk about whatever needs to be discussed—feelings and thoughts, dissatisfactions as well as hopes. In this context it is possible for people to get to know each other across administrative lines and outside of ordinary work relationships; to understand the connections between personal problems and organizational distress; and to look together at where they are with one another and the project as a whole.

A few days ago a young runaway sat down in one such meeting. She watched for awhile as administrators wrote on newsprint "Leadership," "Accountability"; listened as her counselors questioned the meaning of "Collectivity" and finally exploded: "You all ain't for real, talking about all this bull when you ain't been doing what you should with us kids." And then she laid it out—one counselor's big promises, another's loud mouth, a third's bewildering jargon, and a fourth who was "doing a good job."

After a moment of anxious silence, her counselors began to respond, more haltingly than before. Yes, they confessed, she was right. They began to wonder aloud why they were caricaturing themselves. Why so many of them were letting down someone they care about. Maybe they too were dissatisfied. They turned then, to the administrators and the coordinators, to challenge restrictions on their work which they had resented and never felt they had the right or power to change. For the first time in many weeks they began to experience, not just talk about, "accountability" and "collectivity."

As an isolated happening—a yearly retreat or one-shot workshop—such a meeting is merely interesting. As part of everyone's ongoing commitment to the work they are doing together and to one another, it can be a model for learning from those whom we serve, and from one another, a goad to profound—and continuing—change.

In the ongoing process of self-examination, leaders—older workers, administrators and trainers, coordinators and consultants—have a key role to play. We can set an example of respectful caring, of self-criticism and criticism. We can hold ourselves responsible for raising and helping others to raise issues that all of us would in some ways prefer to ignore. We have to remember—against the odds of our egotism and the competitive urgings of society—that we are there to help people realize their own power, not to hoard it for ourselves; to share our skills and knowledge, not intimidate with it; to understand, and to help others understand what is going on, not to manipulate the process.

These discussions and the work that we do each day also need to be informed by wider perspectives and deeper experience, a sense of continuity with the past and of commitment to our present situation.

Formal briefings on the ongoing traumas of relationships with other agencies or on the development of particular policies are useful in helping new workers to understand why things are as they are. But sometimes it is also necessary to have oral history sessions, to set aside a time, away from work, when older workers and clients—including people who are no longer in the project—can share "war stories," the freakouts and the pleasures of earlier years. These sessions remind people of where they have been and are a kind of initiation rite for new workers. They're also fun.

Though on-the-line workers rarely seem to have much time to read, they can and will if the books or articles seem immediately relevant to the work they are doing. As more and more black young people came to a runaway house I work with, all of us, including the most harassed counselors, managed to read a lengthy collection of essays on *"The Black Family,"* and to meet with the young people to talk about them.*

Personal and organizational flexibility, criticism and self-criticism are essential to assure our responsiveness to people we are trying to help. History and literature can provide perspective. But a secure base in a particular geographic and social situation is necessary for long-term direction, strength and stability.

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*It occurs to me as I write this that it might be "relevant" to read (or re-read) Frantz Fanon (particularly *The Wretched of the Earth and Black Skin, White Masks*) and Joshua Horn's *Away With All Pests.* Fanon describes with anger and grace the process of cooptation, the colonization of mind and spirit to which we are all vulnerable; in his discussion of medical care in China, Horn points out some of the pitfalls of bureaucratization and professionalization and details some of the ways that the Chinese have struggled with and sometimes moved beyond them.

One of the most exciting and hopeful developments in alternative services is the way projects are reaching out, many for the first time, to commit themselves to the people who live and work near them: the recreation and training programs, the peer counseling and networking efforts—often in third world and white working class neighborhoods—that are underway; the attempts to work with the old as well as the young, with "straight" people as well as "freaks."

The politics of people who are creating a community will be more grounded and secure, more reasoned and less reactive than it has been. A project which is clear about its origins and purposes, in which clients, staff, and neighbors work together responsively is no longer a special interest group. Instead of tentatively soliciting the support and approval of elected officials, it will feel confident in educating them to people's needs. Instead of trying to "live with" or "get around" the rules and regulations of funding bureaucracies, alternative services can begin—as some have—to hold these bureaucracies accountable to them. If all of us—in each project—can continually remind ourselves of what we are doing and for whom, it will be far easier and less threatening for us to learn from and organize with our brothers and sisters in other alternative services.

First published in the "Outlook" section of The Washington Post *(February 13, 1977), "New Roads to Mental Health" is addressed to a lay audience. It proceeds from a critique of mental health practice through a brief portrait of present alternatives to it, to a proposal for a new and, one would hope, more responsive and flexible community mental health facility. For me the article is at once a summing up and a prospectus.*

new roads to mental health

Recent surveys reveal that 2 out of 10 Americans are in "serious need" of mental health services. Each year almost 1 percent of our population is admitted to mental hospitals. We consume several billion doses of Valium and Librium annually. Millions of people are addicted—to barbiturates, heroin, methadone and alcohol. Psychosomatic disease is endemic.

In searching for answers to the problems of mental health, we tend to forget that they often have roots in the particular conditions of our society. Of course, we know that poverty predisposes people to psychosis and hospitalization; that fragmenting community structures and confused family relations promote depression, alcoholism and even "schizophrenia"; that pressured and alienating working conditions precipitate psychosomatic illness and drug use; that lack of employment opportunities and a narrow social vision make young people disturbed and disturbing; that isolation and institutionalization depress older people.

Yet we ignore all this and focus our therapeutic attentions and our "economic resources on individual sufferers. We call them "mentally ill" and all too often—as if their problems were simply analogous to a physical illness—treat them with drugs and electroshock treatment. When they do not get "better," we lock them up in mental hospitals.

During the last several decades the mental health establishment has adopted two major approaches to the American people's problems in living: biomedical research and the establishment of local mental health facilities. Neither has lived up to expectations. Both have been flawed by the pervasive and narrowing influence of the "medical model of mental illness."

Biomedical researchers, ignoring whole people in families and communities, work places and cities, have searched for the specific physiological and biochemical causes of schizophrenia, manic depressive psychosis, depression and anxiety. They have experimented with medical and surgical cures—the right drug or the right operation, the right place in the brain to stimulate or depress—just as they might with treatments for diabetes or cancer of the lung.

When the phenothiazine group of tranquilizers—Thorazine is one—were introduced in 1954, they were heralded as the "cure" for schizophrenia. An immediate exodus from state and county hospitals was followed over the

years by a leveling-off process. Twenty-two years later, the percentage of the overall population in mental hospitals has decreased somewhat, as has the average length of stay, but the overall numbers of patients have remained the same.

Some of those "maintained" on phenothiazines, or more potent drugs developed later, seemed to function well outside the hospital. But many have come to feel as constricted, as robbed of their full potential, by the stupefying and numbing effects of the chemicals as they had been by the hospital walls. And many who felt satisfied with the emotional level maintained by their medication have found themselves experiencing severe physical "side effects"—impotence, disabling tremors, extreme sensitivity to sunlight, chronic skin rashes, easy tiring, obesity.

The passage of the Community Mental Health Centers Act in 1963 was hailed as a "bold new approach" by John F. Kennedy. It signaled a modification of the medical model, a growing sensitivity to the effects of poverty and social stress on the creation of "mental illness," an increasing awareness of the possibilities of helping people by working with them, their families and their communities to change their social situation.

The facilities which the act has helped create have indeed brought mental health services to millions of people. They have not, however, resolved the contradiction between a social and a medical definition of "mental illness." Too many community mental health centers simply perpetuate the medical model and, in so doing, provide inappropriate services.

In outpatient clinics that are little more than an aggregation of private therapists' offices, the center staffs insist that people fit into one or another diagnostic category and predetermined therapeutic experience. Instead of providing the services—economic and educational, residential, vocational and counseling—necessary to help seriously disturbed people live successfully at home and in their community, they tend to hospitalize them or to obliterate anxiety about these problems with maintenance doses of drugs. The consultation and education they provide is often directed at strengthening the skills of other professionals—teachers, guidance counselors, etc.—rather than, say, changing the classroom conditions which frustrate students, teachers and guidance counselors alike. Rarely do they provide services to people who, though needy, are unwilling to define and stigmatize themselves as mentally ill. Still more rarely do staff members spend a substantial amount of time outside their clinic doors, in the community they are supposed to serve.

THE PERSONAL TOUCH

I received my own psychiatric training in such a facility. Working as a psychotherapist with poor people, I began to realize the wrongheadedness of a system that largely ignored the day-to-day realities confronting people when, after an hour, they left my office. I discovered how much faster some of the most troubled people would lose their "psychotic symptoms" if I de-

voted more of my energy to understanding the concrete, depressing realities of their lives—and then helped them deal with those realities.

Driving one man to a welfare office; waiting with him; helping him prod its sluggish and indifferent bureaucracy into giving him emergency payments let him know more graphically than any words that I really did "care" about him. Afterwards he spoke much more easily of his "personal" problems.

Visiting a "paranoid" teenager in her home, I discovered that her parents were constantly invading and intruding—on her room, her mail, her bureau drawers, her phone calls, even the pockets of her blue jeans. I obviously had to take her seriously when she told me that "they're as crazy as I am." She couldn't possibly become less "paranoid" until *they* changed.

When I worked with a "Crisis Intervention Team" in the psychiatric emergency room of a municipal hospital, I learned that 80 percent of those who would have otherwise been admitted could be helped to stay at home. With the intensive involvement of the crisis team (a psychologist, a nurse and three paraprofessionals), a family could pull together to help one of its members during a psychotic episode or suicidal depression. While they assisted family members in dealing with external problems (welfare, job, housing, food), the team used the crisis as a lever toward understanding the particular dynamics which had precipitated it. Often, in a few weeks, without hospitalizing anyone, the team was able to help a family resolve a situation which had seemed intolerable.

As a chief resident in charge of a mental hospital ward, I tried to reverse the process of institutional labeling and degradation, to treat patients with the same kind of respect that I would wish. I found that a group of patients, when allowed to take part in making rules and in working out cooperative living arrangements, simply stopped being so disturbed.

The patients, given the possibility of trust by the staff, free to come and go, tended to stay and try to work out their problems. Allowed to regulate their own medication, they tended to use it occasionally, when necessary, and to avoid becoming dependent on drugs. "Everywhere else," one "chronic schizophrenic" young man told me, "I'm crazy; here I'm sane."

Still, I concluded that the reforms that could be made within the context of traditional mental health settings were severely limited by structure and by ideology.

ALTERNATIVE SERVICES

When, five years ago, I entered the U.S. Public Health Service, I decided to look for places in which troubled people could be helped—and could help themselves—without so many constraints.

I began to work—as consultant, researcher and colleague—with "alternative human services." I wanted to see if the ideology of professionalism really did make it more difficult to meet the needs of troubled people; if changing the setting in which help was given and the attitudes of those who were giving it

made a substantial difference in the people who received it; and if the skills I had developed in my psychiatric training could be effectively shared with and enlarged by groups of dedicated nonprofessionals. After five years, I do not think these services have "the answer" to people's problems in living, but they are certainly dealing with those problems in ways that are respectful, open-minded and effective.

Alternative services are approximately 10 years old. Most of them were founded in direct response to the needs of disaffected people—runaway teenagers, battered wives, suicidal city dwellers—as nonprofessional alternatives to mental health facilities (and social service agencies) which these people had found threatening, demeaning and inadequate. To isolated and troubled people whose lives were in constant flux, they were an anchor; to those who volunteered time, they seemed an affectionate if sometimes chaotic family, a place where for once they could determine how they were going to work with people.

Ten years ago a handful of switchboards, drop-in centers, free clinics and runaway houses served young people in the "hip" neighborhoods of a few large cities. Today thousands of these services exist, aiding people of all ages and classes in small towns, suburbs and rural areas as well as in the cities.

Some are explicitly "self-help"—communities of ex-addicts, associations of parents of mentally retarded children and consciousness-raising groups for women and old people. Others—runaway houses, group foster homes, hotlines—were launched by people viewing themselves as older, more experienced brothers and sisters reaching out to younger ones. Still others were created by established community groups—churches, synagogues, Ys and social welfare departments.

Though there are many differences among alternative services, they share certain assumptions, attitudes and practices which make them particularly useful and responsive to the people they serve. Among the most significant, I have found in my five years of work with alternative services, are these:

They respond to people's problems as those problems are experienced.

A woman whose husband is beating her is regarded as a victim, not scrutinized as a masochist; a child who leaves his home is seen, housed and fed as a runaway, not described as an "acting out disorder" or judged as a "status offender."

They provide services that are immediately accessible, with a minimum of waiting and bureaucratic restriction.

Hotlines, shelters for battered women, runaway houses and many drop-in centers are open 24 hours a day to anyone who calls or comes in off the street. If they cannot provide help, they regard it as their responsibility to find someone or some agency that can.

They emphasize the strengths of those who seek help and their capacity for self-help.

A 13-year-old girl, instead of being labeled a patient and dragged to a psychiatrist, is encouraged to bring her whole family to counseling sessions.

They reach out to help the individual change the social situation—job, family, school, workplace—in which he or she is feeling distressed.

This may mean helping a young person to talk to her parents, providing legal services to a tenant who wishes to challenge a landlord, guiding a welfare mother through a bureaucratic maze.

They are willing to change, to expand their services as the community's needs dictate and their increasing skills permit.

As phone aides became aware that young people would not go to traditional mental health facilities, one suburban hotline expanded its services from information and referral to phone counseling and crisis intervention. Workers at an urban runaway house opened a job cooperative to assist young people looking for employment and a free high school for those who could not fit into their assigned schools.

They are actively involved in educating the larger community about individual needs and in helping that community to participate in meeting these needs.

Staff members give frequent talks at local schools, churches and civic groups—about drugs, sexuality, venereal disease and problems between parents and children.

They actively encourage those they have helped to become helpers and reduce feelings of loneliness and uselessness by doing useful work with others.

They rely to a large degree on non-professional workers.

In many alternative services more than half the paid staff are non-professionals. Mental health professionals who work with them do so on a cooperative or consultative basis, and often as volunteers rather than full-time paid staff. The professionals are there to share their skills with non-professionals, not to run the program.

They are committed to using volunteers from their own community.

Some programs use non-professional volunteers as an important adjunct to paid staff. Others are staffed and run almost entirely by volunteers—students, housewives, old people, businessmen and women.

They generally operate under some form of participatory democracy or consensus decision-making.

In this context it is possible to change policies to meet the rapidly changing needs of clients, to provide staff with a sense of pride in and control over what they do.

They function as mini-communities or extended families.

This provides staff with a sense of warmth and security; they grow and change to meet personal as well as work-related needs.

They are far more economical than traditional mental health facilities.

An hour of counseling at a drop-in center costs a sixth to a third as much as an hour of therapy at a community mental health center. The price per day of staying at a runaway house is about one-eighth to one-fifth the cost of that of a general hospital psychiatric ward.

BUILDING ON EXPERIENCE

In the early years, alternative service workers believed they would always remain responsive to those who needed their help. Time, enlarging programs, increased funding needs and the attendant compromises, and above all the recession have all taken a toll. At a recent conference, runaway house counselors and administrators spoke sadly of their impending bureaucratization; of difficulties in meeting long-term needs for jobs, housing and specialized schooling, and of certain people—the violent, the seriously suicidal and the retarded—who they simply did not have the time or skills to deal with.

Still, alternative services are successfully reaching several million people and shaping their lives. Any attempt to make mental health services more responsive to people's needs logically should take account of the kinds of innovations alternative services have made and the spirit pervading them.

To begin with, the facilities should direct their services primarily to the residents of specific communities and neighborhoods, rather than to the amorphous and sometimes sprawling catchment areas and counties which now define their borders. The buildings themselves should be small—ordinary houses have served alternative services well—and as inviting as present facilities are forbidding. These places should be open 24 hours a day and provide

phone and walk-in contact and crisis intervention with a minimum of formality and delay.

The people working in these centers should be encouraged to develop more skills and take on more responsibility. Staff roles would be flexible and those expert in a given area—psychiatry or administration—would be expected to teach others. To keep all workers more sensitive to the problems of their fellows and their community, clerical, administrative and supervisory personnel would be expected to do on-the-line work with clients. To make sure that all participate in governing the center, these programs would be staffed largely by non-professionals who live in the community; policies and operations would be formulated and overseen jointly by center workers and community representatives. The professionals involved would neither automatically control policy nor receive disproportionately high wages.

As a reflection of change in approach, such places might best be called "human service centers" or "community centers" or simply "centers." The names, designed to indicate a responsiveness to people's needs, would avoid creating the feelings of deprecation inevitably associated with defining oneself as "mentally ill."

A center staff, instead of defining problems in mental health terminology, would help people to define their problems in their own terms. If a woman with five children is suicidally depressed because of the inadequacy of her welfare payments, the dreariness of her home and the rats that threaten her family, the center's crisis team would work first of all on those realities, help her deal with the welfare department, assist her with child care and bring in an exterminator. Instead of involving her in long-term psychotherapy or drug treatment, they might help her become part of a group of parents in similar situations; here, she could begin to find alternatives to her situation. In the context of this supportive group she might, at some point, feel free to talk about the "personal problems" which so many mental health professionals would insist on "attacking" first.

For people who need them, places to stay would be available. Thus, a person experiencing the personality disintegration and overwhelming anxiety that often signal an acute psychotic episode would be able to go to a "crisis house," where he could be guided and protected by especially patient and skillful staff. There symptoms would not be suppressed by drugs; instead, the psychotic episode could become the kind of a natural healing process that exists in some traditional societies and in such modern experimental communities as London's Kingsley Hall and California's Soteria.

Similarly, young runaways, battered wives or those suffering the traumas of divorce, death or separation could shelter in residences and there rest, gain perspective, share problems. Though a dangerous and uncontrollable few would continue to require institutionalization, the vast majority of those who need longer-term care could be kept in their own communities—in ordinary houses, easily accessible to their friends and relatives. Many of these people could—if staff workers provided organization and leadership—learn

to take care of one another. Old people who are healthy but homeless could supervise the care of young people who are chronically ill. Students at colleges could live with runaways lacking homes to return to.

PROBLEM SOLVING

The majority of people with problems do not, of course, need crisis intervention or residential services. The centers would offer them the resources—professional expertise, advocacy and education—to help them deal with their own problems. People would be helped to understand themselves as participants in and, often enough, sufferers from the concrete situations of their life; as part of a family, an office, a work group or schoolroom. Techniques of family counseling, group therapy and community organizing could be used to help make a family, a schoolroom or workplace more responsive to all of its participants, to give them the tools to continue to work things out together long after the center workers withdraw.

Groups of people with special concerns or problems—women wanting to share with each other questions about their roles as women; people trying to cope with the effects of their aging; parents of retarded or autistic children—would be helped to form groups, with or without a leader, in which they could discuss and deal with their common concerns.

Individual therapy would be available, but there would be a shift in emphasis toward helping people to develop a capacity to analyze their social situations and needs and thus be better able to use a network of helpers both within the centers and outside.

For the community as a whole, the center would be another kind of resource, a place for the kind of "primary prevention" that the mental health establishment often talks of but rarely spends time and money to bring about. Center staff could help other agencies develop recreation and community action programs and campaign for more responsive policies in institutions affecting people's lives, from welfare offices to factories.

The point of all this is not simply to produce another kind of treatment but to relate to troubled people on their terms, to insist that their needs—not the preconceptions or self-interest of any professional group—shape the kind of help they receive. None of the reforms I have proposed is Utopian—and all of them together will not, of course, create a Utopia. But they are a start, a step toward relieving at least some of the human misery that we have too complacently and too long regarded as the symptoms of mental illness.